Medical Library

HE HEALTH MAGAZINE OF THE AMERICAN MEDICAL ASSOCIATION

MAY 20 1943

HYGEIA

ECEMBER
942 . 25c

Your Doctor joins the Army

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If your doctor has left his civilian patients in order to look after the health of our Army, you have the satisfaction of knowing that he is doing an indispensable job in winning this war.

As a medical officer he is responsible for all details affecting the health of a soldier. He personally inspects the men's food in the refrigerators and on the tables — watches sanitary conditions in the camp — keeps close tab on the barracks to prevent the inception and spread of contagious diseases. He gives thousands of vaccinations and inoculations to prevent sickness among the troops. And he always listens when a soldier reports sick, because the prevention of disease is even more important in the Army than in civilian life. But should sickness appear, the Army has provided him with every facility for diagnosing and treating it.

Undoubtedly your doctor's absence is going to cause you some inconvenience. But his present work is essential to winning this war by keeping our soldiers the healthiest in the world.

Upjohn
KALAMAZOO, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

"Listen, son:

I AM saying this to you as you lie asleep, one little paw crumpled under your cheek and the blond curls stickily wet on your damp forehead. I have stolen into your room alone. Just a few minutes ago, as I sat reading my paper in the library, a hot, stifling wave of remorse swept over me. I could not resist it. Guiltily I came to your bedside.

"These are the things I was thinking, son: I had been cross to you. I scolded you as you were dressing for school because you gave your face merely a dab with a towel. I took you to task for not cleaning your shoes. I called out angrily when I found you had thrown some of your things on the floor.

"At breakfast I found fault, too. You spilled things. You gulped down your food. You put your elbows on the table. You spread butter too thick on your bread. And as you started off to play and I made for my train, you turned and waved a little hand and called, 'Good-bye, Daddy!,' and I frowned, and said in reply, 'Hold your shoulders back.'

"Then it began all over again in the late afternoon. As I came up the hill road I spied you down on your knees playing marbles. There were holes in your stockings. I humiliated you before your boy friends by making you march ahead of me back to the house. Stockings were expensive—and if you had to buy them you would be more careful! Imagine that, son, from a father! It was such stupid, silly logic.

The Good-Night Kiss

"Do you remember, later, when I was reading in the library, how you came in, softly, timidly, with a sort of hurt, hunted look in your eyes? When I glanced up over my paper, impatient at the interruption, you hesitated at the door. 'What is it you want?' I snapped.

"You said nothing, but ran across, in one tempestuous plunge; and threw your arms around my neck and kissed me, again and again, and your small arms tightened with an affection that God had set blooming in your heart and which even neglect could not wither. And then you were gone, pattering up the stairs.

"Well son, it was shortly afterwards that my paper slipped from my hands and a terrible sickening fear came over me. Suddenly I saw myself as I really was, in all my horrible selfishness, and I felt sick at heart.

"What has habit been doing to me? The habit of complaining, of finding fault, of reprimanding—all of these were my rewards to you for being a boy. It was not that I did not love you; it was that I expected so much of youth. I was measuring you by the yardstick of my own years.

"And there was so much that was good, and fine, and true in your character. You did not deserve my treatment of you, son. The little heart of you was as big as the dawn itself over the wide hills. All this was shown by your spontaneous impulse to rush in and kiss me good-night. Nothing else matters tonight, son. I have come to your bedside in the darkness, and I have knelt there, choking with emotion, and so ashamed! It is a feeble atonement. I know you would not understand these things if I told them to you during your waking hours, yet I must say what I am saying. I must burn sacrificial fires, alone, here in your bedroom, and make free confession. And I have prayed God to strengthen me in my new resolve. Tomorrow I will be a real daddy! I will chum with you, and suffer when you suffer and laugh when you laugh. I will bite my tongue when impatient words come. I will keep saying as if it were a ritual: 'He is nothing but a boy—a little boy!'

"I am afraid I have visualized you as a man. Yet as I see you now, son, crumpled and weary in your cot, I see that you are still a baby. Yesterday you were in your mother's arms, your head on her shoulder. I have asked too much, too much.

"Dear boy! Dear little son! A penitent kneels at your infant shrine, here in the moonlight. I kiss the little fingers, and the damp forehead, and the yellow curl.

"Tears came, and heartache and remorse, and also a greater, deeper love, when you ran through the library door and wanted to kiss me!"

The Shrine of Sleeping Childhood

I do not know of a better shrine before which a father or mother may kneel or stand than that of a sleeping child. I do not know of a holier place, a temple where one is more likely to come into closer touch with all that is infinitely good, where one may come nearer to seeing and feeling God. From that shrine come matins of love and laughter, of trust and cheer to bless the new day; and before that shrine should fall our soft vespers, our grateful benedictions for the night. At the cot of a sleeping babe all man-made ranks and inequalities are ironed out, and all mankind kneels reverently before the living image of the Creator. To understand a child, to go back and grow up sympathetically with it, to hold its loves and confidences, to be accepted by it, without fear or restraint, as a companion and playmate, is just about the greatest good fortune that can come to any man or woman in this world—and, perhaps, in any other world, for all we know.

And I am passing this "confession" along to the fathers who may be privileged to read it, and for the benefit of the "little fellers"—the growing, earth-blessing little "Jimmies" and "Billys," and "Marys" and "Janes" of this very good world of ours.

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HYGEIA

THE HEALTH MAGAZINE

535 N. DEARBORN ST., CHICAGO, ILL.

Published and copyrighted, 1942, by the American Medical Association. Edited by Morris Fishbein, M.D.

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HYGEIA, The Health Magazine, is published monthly by the American Medical Association, 535 N. Dearborn Street, Chicago, Ill. Yearly subscription price, $2.50; for foreign postage add 75 cents. Single copies, 25 cents. Volume 20, Number 12. Entered as second-class matter March 21, 1923, at the postoffice at Chicago, Ill., under the Act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1,103 Act of October 3, 1917, authorized March 21, 1923. Printed in U. S. A.

Unsolicited manuscripts will be considered by the Editor but must be accompanied by a stamped self addressed envelop to insure return if rejected. Manuscripts should be typewritten, double-spaced, and the original, not the carbon copy submitted.

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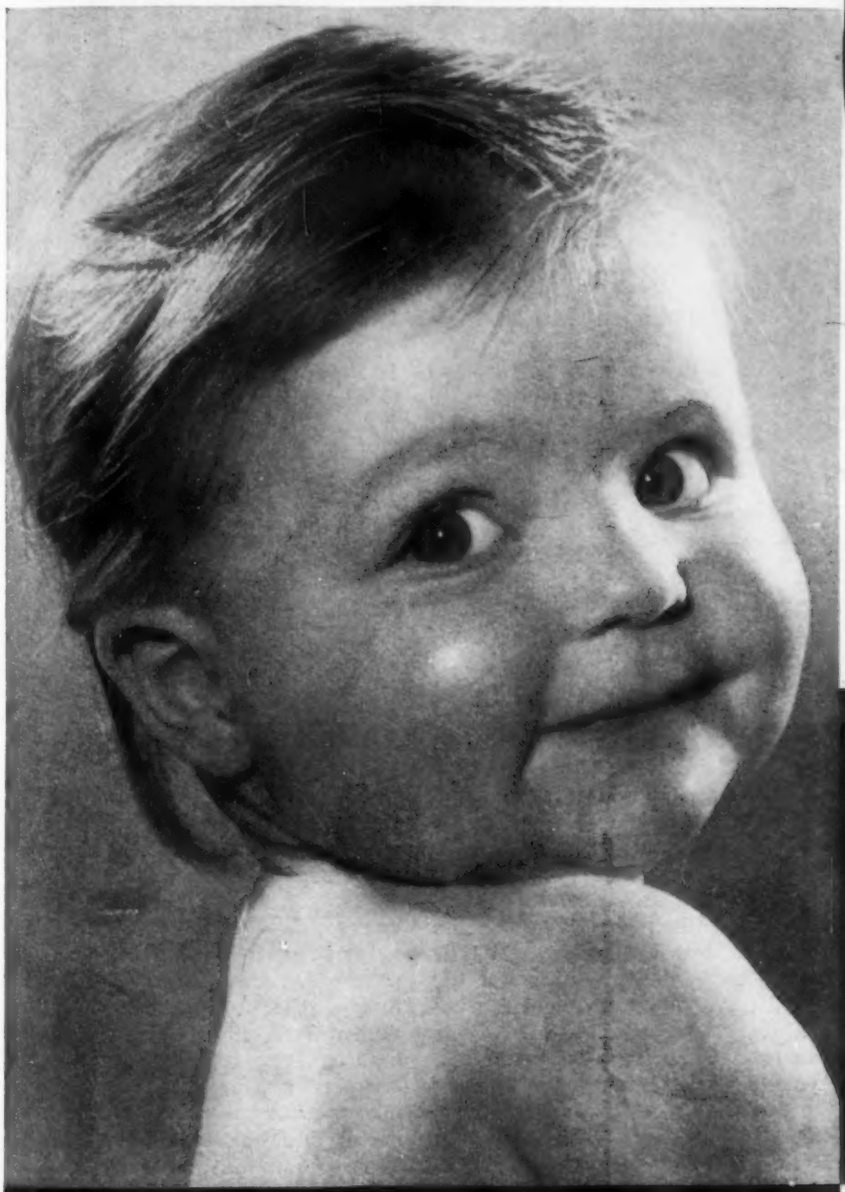
See her beautifully shaped head!

You know she's getting good cod liver oil regularly. That's what helps thousands of babies build a well-shaped head. It helps bone development, too, so that the "soft spot" on top closes when it should – at a little over one year old. Give *your* baby Squibb Cod Liver Oil.



Sound baby teeth are no accident.....

The tooth "buds" were there long before baby was born. Now his teeth are starting to come through and it's your job to help develop them. See that he gets enough of the Vitamin D he needs to help him build sound bones and teeth.

YOUR MONEY'S WORTH! Squibb Cod Liver Oil is twice as rich in Vitamin D as cod liver oil which just meets U. S. Pharmacopeia requirements. It also contains twice as much Vitamin A. Since you buy cod liver oil for its vitamin content, get your money's worth. Always ask for Squibb's... *The priceless ingredient of every product is the honor and integrity of its maker.*

SQUIBB
COD LIVER OIL

Never miss a day!

Start baby on Squibb Cod Liver Oil early – when about two weeks old – and be sure to give it regularly. Remember, every day he's growing. Every day he needs proper food and extra Vitamin D to help build a fine, full chest, straight legs, a strong back.

"The Adcomber"

looks at Hygeia ads

"Peace on earth"—these familiar Christmas words we quote again—even today! And why today? An excellent answer to that question is wrapped up in the Christmas message from Luzier's, Inc.—page 937.

—◈—

If you can read this recipe (page 891) for Clapp's tasty "vegetable plate," without drooling—then *try just one can of the real thing* on your junior age youngster . . . He'll show you what Appetite Appeal is!

—◈—

More time is something your doctor can't buy—nor borrow—nor cook up in the laboratory. It IS a gift you can make to him . . . to yourself . . . to your community—simply by following a few of the sensible procedures outlined on page 887. (How about it?)

—◈—

COMPARE THE WEAR of Trimfoot Pre-School Shoes with any others: do others retain a straight back ("Cuddle-Back," Trimfoot calls it)? Or do they crease above the heel? . . . For other "Facts You Should Know About Children's Shoes," send for the FREE BOOKLET, page 944.

—◈—

For your Christmas baking—here's a seasonable recipe for "Military" Christmas cookies, with instructions for making shapes . . . plus some pointers "to the point" about the use of *enriched flour* . . . inside back cover.

—◈—

In dangerous times, children need protection against epidemics MORE THAN EVER! Against whooping cough, diphtheria, smallpox. . . . See your physician about immunization cards for every member of the family—*whenever you want the protection—no sooner!* (Cards illustrated, page 889.)

—◈—

This unique toothbrush will continue to serve you, with plenty of refills available but — NO MORE HANDLES for the duration! Note the three "never-never" rules for conserving those irreplaceable handles, page 926.

—◈—

Because baby works seven days a week at the business of GROWING, he needs regular deliveries of raw materials to promote bone construction . . . tooth building. Is he getting his cod liver oil —*every day?* Squibb's Cod Liver Oil is *double rich* in vitamins A and D. (Page 883.)

—◈—

Did you know this tampon was really *your idea?* But you DID know that you (and plenty of other tampon wearers) wanted real protection—combined with comfort—at no extra cost! And those are the beauties of Meds . . . page 932.

THE ADCOMBER

Who's Who

IN

HYGEIA

There has been a John Downes in the United States Navy almost as long as there has been a Navy, and just about as long as there has been a United States. The first seagoing John Downes of record joined the service around 1800, and there has usually been a Downes on the bridge of an American ship somewhere in the world since the memory of man runneth not back to the contrary. Specifically, REAR ADMIRAL JOHN DOWNES, present Commandant of the Ninth Naval District and Commanding Officer of the Naval Training Station at Great Lakes, Illinois, is the son of *Lieutenant* John Downes, U.S.N., and a descendant also of *Commander* John Downes and the original *Commodore* John Downes.

Rear Admiral John Downes

Today's Downes was graduated from the Naval Academy in 1901 and served aboard ships in the Atlantic and Asiatic waters for the next fourteen years. In 1915, he was called back to duty at the Academy, whose expansion to meet the threat of World War I he supervised. Since then, he has served as Marine Superintendent of the Panama Canal, Chief of Staff of the Scouting Force, United States Fleet, president of the Navy Examining Board, Navy Department, Washington, and Commandant of the Ninth Naval District, where he is now serving his second term. Commissioned an Ensign in 1903, he rose steadily through the ranks and became Rear Admiral in 1935.

As a fighting man, John Downes has taken part in many of the scenes he describes so eloquently in "Battle Tasks at Home," on page 894. As an administrator, he knows well the importance of keeping our fighting forces supplied with the tools of victory. The article in HYGEIA is a condensation of his address to the employees of Abbott Laboratories on the occasion of the presentation of the Army-Navy "E" Production Award. It should be an inspiration to all who are engaged in war production and war work at home.

"College society viewed from the psychiatrist's window has all the familiar campus landmarks," says CLEMENTS C. FRY, M.D., who has been looking out of the psychiatrist's window at Yale University since 1926 and has seen some 3,500 students from that vantage point. Yet it is probably doubtful that Dr. Fry's position as lecturer in psychiatry at the medical school and psychiatrist to the university department of health has contributed as largely to his familiarity with campus life as have his memberships in such student organizations as the Aurelian Society, Book and Snake, Cloister and the Nathan Smith Club, his service as physician to the university crew and his frequent appearances as an informal speaker at meetings of various social and academic club groups. Through all these professional and nonprofessional contacts, his life is woven completely into the fabric of the college community; he knows and is known by a substantial proportion of the college population; his understanding of students derives as much as anything from the fact that he is, so to speak, one of them.

Among Dr. Fry's off campus activities are his membership on two committees of the American Psychiatric Association and his affilia-

(Continued on page 888)

What makes Johnny run— *away?*

IT's not the spirit of adventure. Johnny doesn't want to join a circus. And he's smart enough to know he can't join the Marines.

Johnny's running away because he's been punished. His parents think he's not working at school. His report cards have been getting worse each month.

Johnny's parents think he's smart —but lazy. They think they've given their son every advantage, every care.

But actually, they're the ones who are not so smart. They forgot one important thing—Johnny's eyes.

His marks are poor because he strains his eyes all day—trying to see clearly. Even so, he misses much of the work. But the trouble is, Johnny doesn't realize he's different from the other kids in school. He thinks they all see as he does.

Luckily for all concerned, Johnny's parents have just received a note from Johnny's teacher. She has suggested an eye examination.

That will show the cause of Johnny's trouble *and how to correct it.*

How about YOUR child's eyes—do you have them checked regularly? Be sure you do. There's nothing more important in this job of being a parent.

HOW DO SOFT-LITE LENSES HELP YOUR EYES?

Soft-Lite Lenses are scientifically designed to benefit eyes which are over-sensitive to glare. They do this by controlling the amount of light which reaches the eye, putting tired eyes upon a "light-diet." Because of their scientific nature, Soft-Lite Lenses do not alter color values. They are ground to prescription and are often prescribed for children as well as adults.

There is only one Soft-Lite— identified by this certificate.

Soft-Lite Lenses

MADE BY BAUSCH & LOMB SOLELY FOR THE SOFT-LITE LENS COMPANY, SQUIBB BUILDING, NEW YORK

Is Your Skin Dry?

If you are seeking a cream especially formulated to combat skin dryness, the new MARCELLE hypo-allergenic DRY SKIN FOUNDATION CREAM may prove the answer to your need.

MARCELLE hypo-allergenic FOUNDATION CREAM FOR DRY SKIN is the result of highly specialized cosmetic investigation. It is the culmination of research along lines suggested by dermatologists and allergists. All known irritating factors have been either eliminated or reduced to tenable minimums.

Winter, with all its skin irritating effects, will soon be here. Dry, chapped hands and faces will afflict many. MARCELLE hypo-allergenic DRY SKIN FOUNDATION CREAM may, in such cases, be of benefit.

ASK YOUR DOCTOR

If your skin is irritated or chapped because of dryness, ask your doctor about the advisability of trying MARCELLE hypo-allergenic DRY SKIN FOUNDATION CREAM.

Send 10c for a kit of Marcelle Daily Necessities containing a one week's supply of Marcelle Hypo-Allergenic Cleansing Cold Cream, Skin Lubricating Cream, Face Powder, Rouge, and Lipstick.

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CHICAGO, ILL.

Marcelle
HYPO-ALLERGENIC
COSMETICS

LETTERS FROM *Readers*

All Subscribing

To the Editor:

I am taking the liberty of sending you a check to cover 153 subscriptions to HYGEIA, starting with the October issue. This is 100 per cent subscription in the girls' health classes . . . it will no doubt be used in the boys' health classes also.

MARY BANKER

Hamilton High School
Hamilton, Ohio

Education

To the Editor:

I really enjoy HYGEIA and find it most helpful in college reports for biology and health education, besides being equally helpful for personal self education.

LOREN BURT

Alma, Mich.

Polio

To the Editor:

I was deeply interested in J. D. Ratcliff's article on Polio (October HYGEIA), since it seemed to bear out the results of studies made in 1916 while I was a student in a municipal government class at the University of Michigan.

As part of our course we were required to study the functions of the various departments of an average American municipality, including those of the health services. As I recall it now, the city of Ann Arbor had just experienced a severe epidemic of infantile paralysis, about which disease little was known at that time. This provided an excellent subject for investigation, which was assigned to another student and myself. As an initial step, we located the cases at their respective street addresses on a map of the city, each case being represented by a small circle or

(Continued on page 888)

A medical problem your doctor seldom talks about

One of the most perplexing problems your doctor has to face today isn't even mentioned in the medical books. It is *lack of time.*

Already, many thousands of physicians have left their private practice to serve with our armed forces. By the end of the year thousands more will be in uniform.

All this means that the demands on doctors at home will be heavier than they have ever been before. And since your family physician may have to do the work formerly done by two, or even three physicians, he will need all the help and cooperation you can give him during this emergency.

What can you do to help save his time? A number of things. For example, let us suppose that you don't feel well, but aren't so ill that you have to go to bed. In that case, telephone your doctor and describe your symptoms. He will tell you whether it is better for you to wait at home until he comes, or go to his office.

If you are not able to be up and around, and you have to call the doctor to your home, try to telephone him at a reasonable hour—say, before he starts out in the morning. If you and all his other patients do this, he can plan his day's visits more efficiently. You'll not only be helping him save time, gas, and tires, but because you called early, he may perhaps get to see you sooner than he otherwise could.

If you should become seriously ill and your doctor should advise you to go to the hospital, do so by all means. There he can arrange for you to receive the extra care that means so much toward getting you back on the job sooner.

The best way health on the home front can be maintained during the war is for you and your doctor to work together as a team.

To keep working—you must keep well—SEE YOUR DOCTOR

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PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN
Seventy-six years of service to Medicine and Pharmacy

★ BUY WAR SAVINGS STAMPS AND BONDS ★

LETTERS FROM READERS

(*Continued from page 886*)

colored disk. At first the plotting of these cases was rather dull and monotonous, but it was not long before a definite line began to emerge, on one side of which the symbols were more or less isolated, but on the other side they soon developed into a congested belt.

Such a condition obviously aroused suspicion and suggested further investigation into the possible causes for such a pronounced line of demarcation. A comparison of the completed map with the city's utilities was then made, revealing that, in the main, this line closely approximated the outer limits of the municipal sanitary sewer system, beyond which, or in the unsewered districts, cases of polio were much more prevalent than within those limits.

Naturally, the new trend of investigation has given me some personal regrets, in that our findings of 1916 might have had some later significance in the fight on this scourge could they have been verified by the experience of other municipalities. HUBERT A. LAMLEY

Detroit, Mich.

Delighted

To the Editor:

I can't help writing and telling you how delighted I am with HYGEIA. It has been my good fortune to be a reader of many years standing, and I can truthfully say that HYGEIA improves with each issue. I can think of no place one might get a more liberal general health education than is offered in HYGEIA. I feel it is a great help in rearing my family.

The new color plates are very attractive and add greatly to the magazine. RUTH HADDEN RIEGER

Chicago, Ill.

Birth Control

To the Editor:

The remarkable record of interest shown by your readers as a result of mention in your columns of the book, "Practical Birth Control Methods," by Norman E. Himes and Dr. Abraham Stone, continues. We have recently taken over this title from *Modern Age Books* and are about to issue a new edition at $2.50; the previous edition is exhausted.

Since orders or inquiries addressed to *Modern Age* are likely to

(*Continued on page 922*)

WHO'S WHO IN HYGEIA

(*Continued from page 884*)

tion with several other medical and scientific societies. Like many other doctors, he emulates the hiking postman in the pursuit of his avocation, which is the collection of literature on medical history, psychiatry, mesmerism, hypnotism, phrenology and related subjects. Selections from his private collection of medical prints and caricatures are on display in the historical library of the Yale medical school.

Dr. Fry is a graduate of the medical school at Northwestern University, Chicago, class of 1924. He is co-author of two books, "The Anatomy of Personality," with Howard W. Haggard, M.D., published in 1936, and "Mental Health in College," with Edna G. Rostow, published this month. "The Psychiatrist's Place in College," page 906 of this issue, is his first contribution to HYGEIA.

THE HONORABLE JAMES M. MEAD, author of "Doctors in a Nation at War," on page 908, is United States Senator from New York. A public official since 1914, when he was elected to the Board of Supervisors of Erie County, N. Y., Senator Mead served one term in the New York State Assembly and in 1919 was elected to Congress from the forty-second congressional district of New York, which he represented until he resigned in 1938 to fill the Senate vacancy created by the death of Dr. Royal S. Copeland. Senator Mead was re-elected for a six year term in 1940. His article in HYGEIA is an able summary of the wartime problems facing the medical and allied professions and the organization of professional resources to serve the wartime needs of the armed forces as well as the civilian population.

MILDRED D. SHELLEY ("Why Don't We Trim Trichinosis?" page 898) spent sixteen years as an assistant in the city health department of Middletown, N. Y., where she did technical work in the department's laboratories, helped in clinics and infant welfare stations, organized vaccination and immunization programs and edited the health department bulletins. This last job she did so well that the bulletin of the Middletown Health Department became famous among public health workers and teachers all over the country; it is used in public health courses at a number of colleges and universities and has been reprinted in several medical, nursing and public health publications. Mrs. Shelley's report on trichinosis is a challenge to public health officials—and taxpayers—in every American community which is not already safeguarded against the inroads of this painful disease.

ALBERT L. BILLIG, Ed. D., is senior psychologist for the Allentown (Pa.) Receiving and Induction Station. Prior to his appointment to this position he was a member of the faculty of the Allentown high school for a number of years and had also taught in the elementary schools. Dr. Billig was graduated from Muhlenberg College in Allentown, took his A. M. at Columbia University and his doctor's degree at Temple University. He has also done graduate work at the University of Pennsylvania and Lehigh University. His interest in nail biting (see page 945) is more than academic: his wife's addiction at the time of their marriage gave him an excellent opportunity to study the phenomenon at close range. Later, he tested the conclusions developed in Mrs. Billig's case in the group studies described in his article in this issue of HYGEIA.

Immunize in infancy!

Right now—more than ever before—your child needs the benefits of modern protection! Immunity can be given against more contagious diseases than ever—*starting with the first year!* Against Whooping Cough, immunization has been effective in many instances. Yet a nation-wide survey by Elmo Roper shows that 66% of mothers have never had any of their children inoculated.

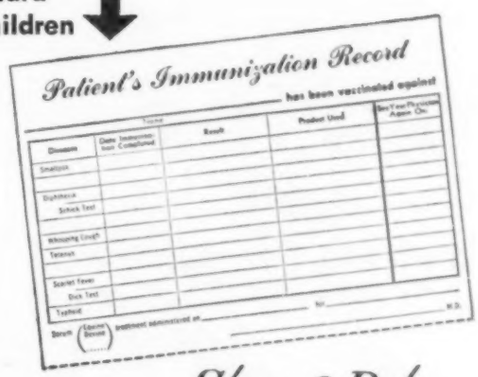
Dangerous pre-school years!

From two to five your child is often more susceptible to Diphtheria than a new-born baby. Immunization against this dread disease is simple, effective—yet 32% of mothers say they have not had a single child inoculated against Diphtheria, while 50% of mothers with children under 5 have never had a child vaccinated against Smallpox.

Re-immunize against Smallpox at 12

Mothers fail to realize need to keep immunity effective by re-vaccination. Even if your child was vaccinated against Smallpox, revaccination may be necessary at 6 and again at 12. If immunized against Diphtheria, the Schick Test should be given at these ages to determine susceptibility. Your physician can easily tell if immunity is still effective. Consult him now.

In dangerous times, this card can help you give your children full protection!


Patient's Immunization Record

has been vaccinated against

Disease	Date Immunization Completed	Result	Product Used	Re-Vaccination Approx. Date
Smallpox				
Diphtheria Schick Test				
Whooping Cough				
Tetanus				
Scarlet Fever Dick Test				
Typhoid				

Sharp (Name) Dohme — treatment administered on _____ by _____ M.D.

AN IMMUNIZATION RECORD CARD, when properly filled out by your physician, can materially help you in giving your children the benefits of complete immunization protection. A card for each member of the family will tell what diseases each has been immunized against and *when* and *what* re-immunization will be necessary. See your physician for these cards today!

An immunization record card is supplied free to the medical profession by Sharp & Dohme, makers of Pharmaceuticals and Mulford Biologicals, as part of their endeavor to aid in the prevention of communicable disease.

Sharp & Dohme
PHILADELPHIA

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WAR
BONDS
AND
STAMPS

Coming in HYGEIA

TAKE STOCK OF YOURSELF!

By Louise M. Neuschutz

Within each of us are abilities which we are not using—perhaps the ingredients for achievement far beyond what we have actually attained! Hundreds of outstandingly successful men and women owe their accomplishment to the realization of a rare talent for observation, imagination, concentration, initiative—qualities which many of us may possess to an unusual degree. We must search our own minds for these hidden abilities, says Louise M. Neuschutz, and she tells us how in her coming HYGEIA article.

FOOD FOR UNCLE SAM'S WORKERS

By S. R. Winters

With the whole nation centering its interest on better nutrition for better health, one would expect that employees of our government in Washington should have the benefit of latest nutrition knowledge. That's exactly what they do have—through the work of the Welfare and Recreational Association, a nonprofit organization which guides the eating habits of 250,000 men and women on Uncle Sam's payroll. Its recommendations—summed up in Mr. Winters' article—establish the fundamental rules of healthful eating which all of us should follow.

HEALTH COMES TO THE FARM

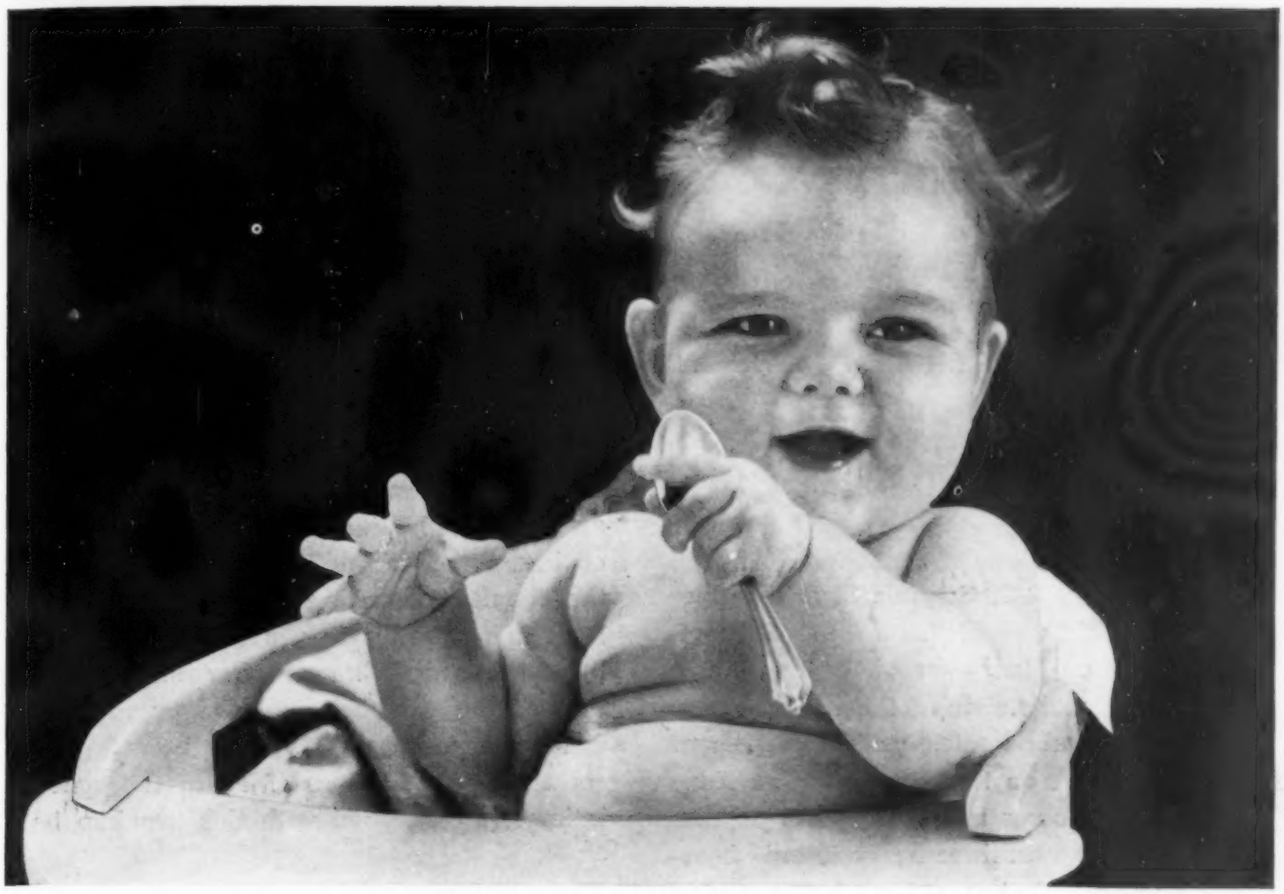
By Herman M. Jahr, M. D.

Modern farm dwellers and rural villagers are catching up with the big cities in their knowledge of health. The introduction of modern sanitation methods and good personal hygiene in rural areas has made the health of the American people today better than it has ever been before. Many agencies and groups have taken part in this effort to bring health knowledge to the rural crossroads; Dr. Jahr's article describes their work.

GOOD NEWS FOR THE DIABETIC

By Greer Williams

Present day methods of diabetic control and refined medical and surgical treatment have given the juvenile diabetic patient a constantly improving outlook for long life and good health. A recent medical study traces the experience of a group of diabetic patients with a twenty year history of this disease. The report—and what it means to diabetics and particularly to parents of diabetic children—is explained for HYGEIA *readers by Greer Williams.*



Imagine! 8 body-building foods in a single dish!

- Here's a "vegetable plate" any youngster will go for, head over heels! It's Vegetables with Bacon, Clapp's newest Junior Food. (Only Clapp's make it!)

- What's in it? There's famous Todd's Old Virginia Bacon—lean and flavory. There's tomatoes, peas and carrots, celery, rice and protein-rich soy beans. The vegetables, as in all Clapp's Foods, are especially selected for nutritive content. And they're pressure-cooked with air excluded—to help keep their vitamins and minerals and delicious, fresh flavor.

- Just watch this hearty dish do a fast disappearing act when that yummy bacon flavor hits your toddler's tongue! Like all Clapp's Junior Foods, Vegetables with Bacon is made with an evenly chopped texture, to invite chewing instead of hasty swallowing.

- You'll find Clapp's Junior Foods at your dealer's—along with Clapp's new pre-cooked Cereal Food, and Clapp's Strained Foods for babies.

CLAPP'S JUNIOR FOODS

CLAPP'S STRAINED FOODS • CLAPP'S PRE-COOKED CEREAL

THE SUPPLY OF PHYSICIANS

AN EDITORIAL BY MORRIS FISHBEIN

ON OCTOBER 29 Senator Claude Pepper of Florida, chairman of the Subcommittee on Manpower of the Committee on Education and Labor of the United States Senate, made public release of the report of his subcommittee on the supply of physicians for the armed forces and the civilian population. Then the committee began to hold hearings. The statement issued by Senator Pepper's committee indicates a lack of information as to what has already been accomplished by the agencies concerned in their endeavors to meet the needs of the situation. For instance the report says:

> It is the committee's opinion that an over-all civilian authority should be established at once to supervise and control the drafting and recruiting of doctors. Until this authority is actively functioning, no recruiting of doctors for the armed services should be permitted.
>
> This authority should immediately conduct a census of all doctors, both those already serving in the armed forces and those still in civilian life. This census should be careful and detailed. It should include a study of the distribution of physicians in civilian communities so that we may know at once what are the minimum needs of each area for medical care and whether these needs are now fully met, oversupplied or undersupplied in both optimum and minimum terms. We should have firmly fixed in mind the irreducible minimum of medical care needed to prevent disease and epidemic in civilian America, including war plant areas.

Had Senator Pepper's committee made inquiry, it would have discovered that the inventories proposed were made by the American Medical Association in 1940 and by the Procurement and Assignment Service in 1941 and that studies are made week by week of the distribution of physicians in civilian communities as the committee proposes. What could the committee have had in mind in proposing that recruiting of physicians for the armed forces be halted regardless of the needs of those forces for medical services? The least that the nation can do for those who offer their lives in combat is to provide them with the utmost that medicine can offer for the alleviation of the wounded and the prevention of unnecessary death.

Until representatives of all of the agencies intimately concerned with this problem have

Fisher from Three Lions

taken positive action leading toward solution of some of the difficult problems that have been raised, there might be a truce on the launching of some of the peculiar proposals that emanate from uninformed sources as a means of solving these problems. The taking of women physicians into the Army, as is proposed in one place, will certainly not make available more physicians for civilian communities. The utilization of interns and residents for the care of the civilian population, as has been proposed elsewhere, would merely deprive the Army of the physicians in the age group most needed. Furthermore, there is no evidence that the doctors who have hesitated to enlist in the Army and Navy Medical Departments would be any happier under the egis and control of the United States Public Health Service. The professional and intellectual attainments of physicians who have offered themselves to the Army and Navy, taken as a whole, are of the finest quality; is there any reason to believe that these physicians would be more attracted to any of the nonmilitary federal services that employ physicians?

The Procurement and Assignment Service was created by the President of the United States and charged with consideration of the task of meeting the needs for physicians of the armed forces, industry and the civilian population. It has approached the problem scientifically, with accurate inventories of physicians available and needed and with due regard for the health of all the people of the United States. At the same time the concept that the winning of the war must be our first objective has not been overlooked. Actually what has been done in relationship to medical services might well serve as a model for the other activities of the War Manpower Commission.

Aid station surgical table for walking wounded (opposite page) and field operating table (below) show how care is provided for "wounded" during Army maneuvers. The least the nation can do for those who offer their lives is to provide them with the utmost that medicine can offer to alleviate suffering.

Fisher from Three Lions

BATTLE TASKS at Home

From an address by Rear Admiral JOHN DOWNES at the presentation of the Army-Navy "E" to Abbott Laboratories at North Chicago, Illinois

THERE ARE no workers in the nation closer to the fighting front—to the bloody actions affecting the entire future of civilization—than you men and women whose energy is devoted to turning out the materials of healing.

It is often difficult for us in the services to make certain that industrial workers realize what a tremendously important part they play in winning this war. It is hard for the man who draws wire or assembles an oil filter or polishes a gear in some engine plant to realize that his particular task is vital to the Army and Navy in actual battle. The contributions of industrial plants are essential to our tanks, ships and planes. Yours are essential to the men who drive the tanks and sail the ships and fly the planes—the thinking, breathing, feeling human beings who, in the last analysis, will decide whether America or her enemies, tyranny or freedom, will win the final victory.

The contributions of those in other factories, when considered in terms of making America strong enough to crush our enemies, are of tremendous value. But your contributions, which can be considered only in terms of alleviation of human suffering, are beyond price.

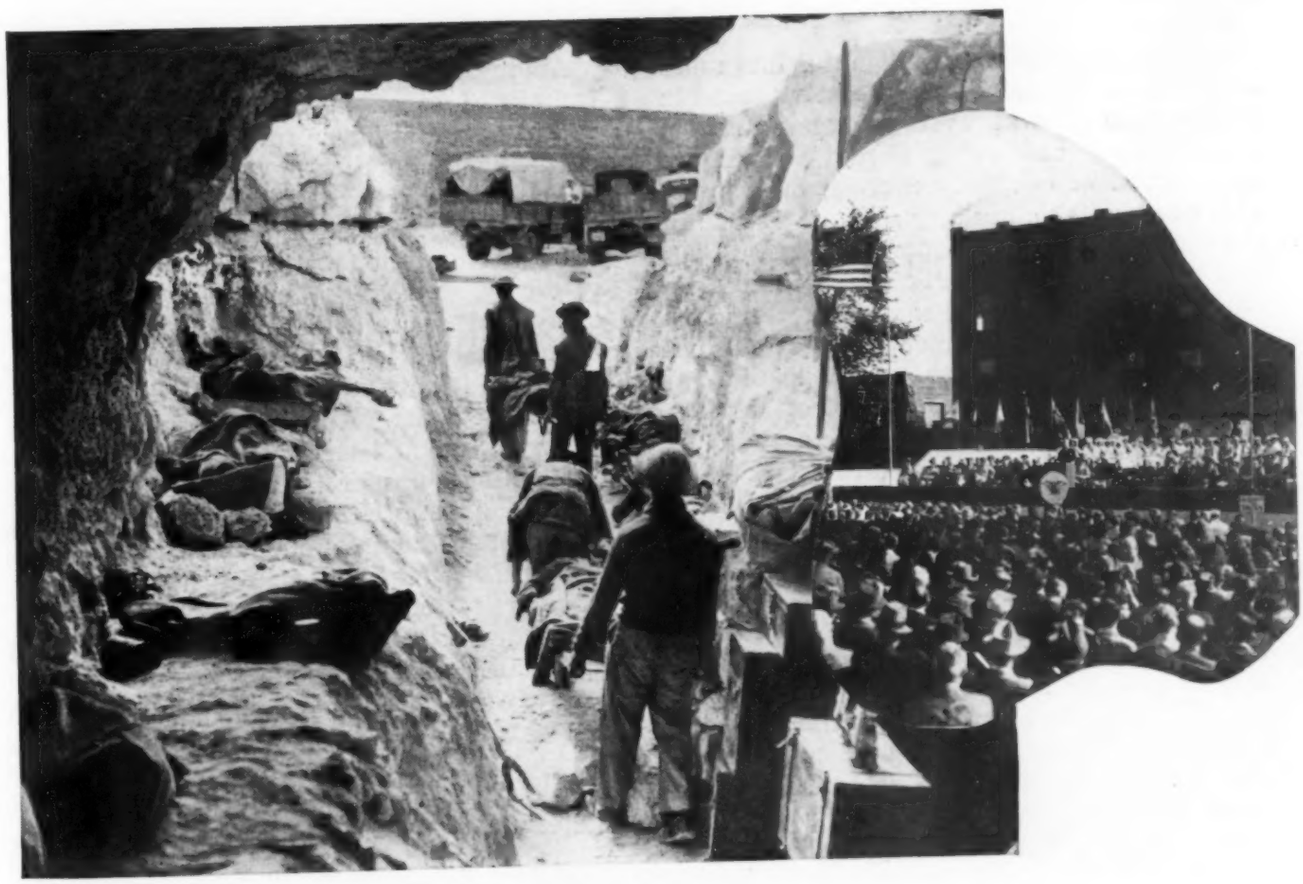
Perhaps as you work at your jobs day after day, manufacturing medical supplies of all kinds and shipping them out to Army and Navy supply depots, you give little thought to the ultimate destinations of these articles.

They may be on board a hospital ship following the men-of-war wherever their duties lead them. They may be with the fighting ships themselves on their task forces in the broad Pacific, blasting at Japanese ships and bases. They may be with the American troops on the bleak tundras of Iceland or on the Australian plains. They may be tucked away in the medicine chest of a lone submarine lurking in the dark waters of the Indian Ocean, lying in wait for Japanese troop convoys. They may be on board destroyers beating their storm-tossed way across the North Atlantic, keeping open the sea lanes to our allies. They may be aboard bombers over Cologne and Bremen, in blimps off Cape Hatteras, in the kits of soldiers crouching in the jungles of New Guinea. The work of your hands carries mercy to the far corners of the globe.

War has always meant blood and suffering. But all the previous wars in its history have not cost so much blood and suffering to the United States Navy as this conflict has in its first six months. The Army, too, has suffered heavy casualties at Pearl Harbor and Bataan. Never before have Army and Navy doctors been called on to do so much. Never before has the healing of the wounded and the disabled meant so much to final victory. Word comes back to us from the Navy's fighting fronts that the men who lie wounded and suffering are all outstanding in one respect that should stir the heart of every patriotic American. No matter how badly hurt they are, they want to rush back into the battle as quickly as is humanly possible.

These are seasoned fighters, practiced in the ways of ships and guns. And they are fighting mad! They are the men who will make it the hottest for our enemies. And it is you people who make it possible for them to be sent back, in the briefest possible time.

Acme



Acme

Acme

We can all be fervently thankful that more wounded and disabled men are being saved in this war than was ever dreamed possible twenty-five years ago. Three factors are responsible. The skill, the courage, the stamina of the indomitable military and naval doctors; the discovery and development of new drugs and new technics; and finally the ceaseless efforts of the men and women like yourselves who manufacture the medicines, the drugs, the bandages, the dressings and the instruments without which the courage of the doctors and the new science would be useless.

Of the skill and courage of the doctors themselves, unbelievably heroic stories have come back to us. In Java, a doctor refused to be rescued so he could stay and manage, single-handed, the evacuation of scores of other Americans. On Bataan, doctors operated with almost no supplies, in open improvised field hospitals, under actual bombing by the Japs, to save precious lives. At Pearl Harbor, a Navy doctor who had undergone an appendicitis operation only three days before the attack got out of bed against all protests and worked steadily for three days and nights.

Among the new developments in drugs and technics, I speak particularly of the "sulfa" compounds that have proved themselves miracle medicines in checking otherwise fatal infections. Blood plasma has saved innumerable lives that would have been lost in World War I. Morphine syrettes have proved angels of mercy, preventing terrible suffering, especially in the case of burns.

But these factors would be wholly ineffective were it not for the work of the men and women at home. Although you work behind factory walls at home instead of in sickbays on fighting ships or in field hospitals at the front, you deserve no less credit for healing the wounded and sending them back, whole and healthy, into battle. You have delivered large orders on short notice. You have produced quantities of material without lowering the quality of a single item. You have performed your battle tasks faithfully and well in America's all-out war effort. There is no stinting of effort on the industrial front. May the thanks of the fighting men of the United States spur you on to still greater effort for the future of America!

Admiral Downes' address is one of many fine tributes paid in recent months to the pharmaceutical industry for its splendid cooperation in the war effort. Other companies manufacturing pharmaceuticals and medical supplies needed by Army and Navy doctors with the fighting forces have received similar recognition.—Ed.

The Army or Navy "E" Production Award has been given to the following companies for their participation in war work:

Abbott Laboratories
E. R. Squibb & Sons
John Wyeth & Brother, Inc.
Bauer & Black Div. of The Kendall Company
Bausch & Lomb
Eastman Kodak Company
Johnson & Johnson
Picker X-Ray Corporation
J. Sklar Manufacturing Company

Why Don't We Trim TRICHINOSIS?

By WILBUR D. SHELLEY

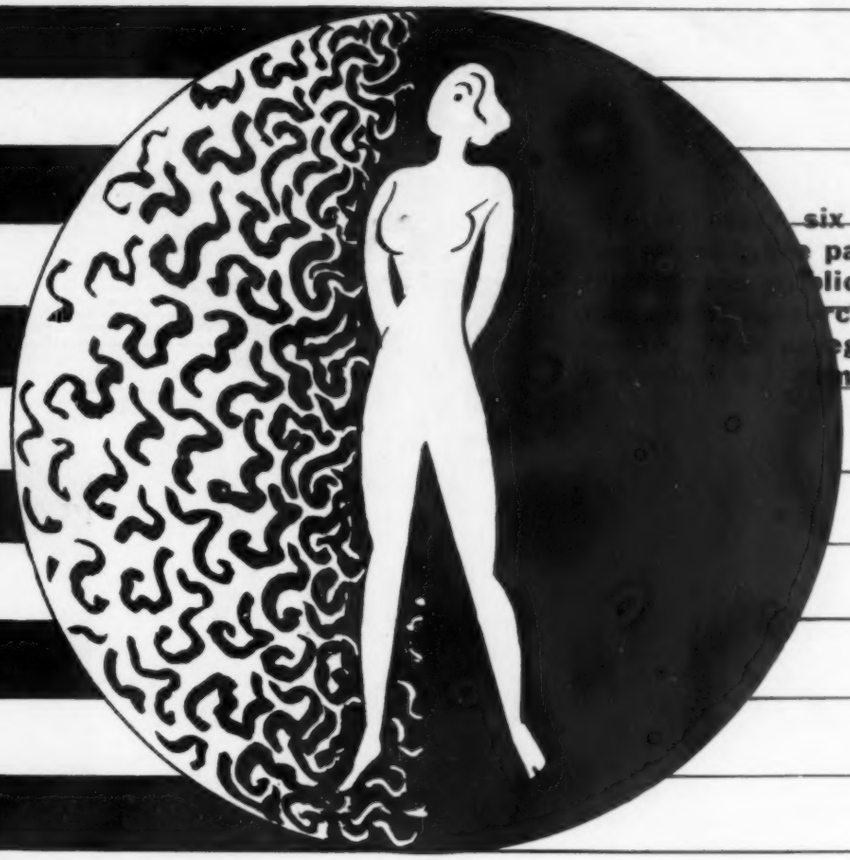
IF YOUR DIAPHRAGM could be chopped up and after careful preparation examined under a microscope by a parasite hunter, the chances are about one in six that he'd say you were infested with the worm which causes trichinosis. The infestation might be great enough to have caused you days of aching misery. There might not be enough worms within you to have ever caused any illness at all.

The worms which cause trichinosis were known to have traveled extensively, but it is possible that even the parasite hunters in the National Institute of Health did not expect when they began an investigation in 1937 to find such wholesale infestation in the United States. Surveys for trichinosis had been going on in various parts of the country for many years, but it was believed that a true cross section had not been tested. So Surgeon General Parran's researchers sent out a call for material. To the Institute—"Seventy Acres of Science," as the workers fondly call it—came diaphragms of many persons, none of whom, so far as was known, had died from trichinosis.

Checking and double checking, the parasite hunters used two methods to find the worm. From each diaphragm a gram sample was cut into tiny pieces, compressed between heavy glass slides and examined directly under a microscope. For the other and larger part of each diaphragm, a kind of digestive system was arranged, similar to the one in the living stomach wherein the cysts or envelopes enclosing the parasite are dissolved if you swallow them and the larvae set free to breed.

This larger part was ground in a meat chopper, incubated for about eighteen hours and stirred continuously by a mechanical stirrer. The sediment from this mixture was examined, as the gram sample had already been, for the threadlike, coiled worms and their cysts.

By the time the parasite hunters had delved into thousands of these diaphragms they were ready to report. About 16 per cent of the diaphragms contained the parasite of the excruci-



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ating disease trichinosis. Dr. Willard H. Wright of the Institute states that the urban population was better represented in this investigation than were the rural and small-town residents; he is therefore conducting further studies to determine a truer estimate of the incidence of the parasite in persons living on farms and in villages of 1,000 or less. The Institute's findings are ample proof that these worms have gone places during the long years since parasite hunters first saw them squirm under their microscopes.

It is over a century ago that a curious young English student of medicine resolved to inspect more closely and for himself those hard white spots in the emaciated body he was cutting up. Other English medical men had seen these spots, and at least one thought they were probably parasitic. Through a microscope, the student saw the worms coiled within their lemon-shaped sacs. Another worker baptized the parasite "trichina spiralis," which was later corrected to "trichinella spiralis."

Thus the English captured this worm. Which parasite hunters incriminated it? It's a wonder the Philadelphian, Dr. Joseph Leidy, hadn't. He found the same species in swine, discovering it dramatically in a slice of ham from which he had partly made his dinner! He realized, too, that it was the kind he'd seen in human autopsies. It is almost incredible that this man did not suspect the disease relationship then, yet Dr. Leidy later confessed that he did not. In Europe, his worm was classified as a brand new species.

At length, German scientists answered the question which must have been troubling the minds of countless parasite hunters. Long afterwards, one of the Germans told Dr. Leidy's nephew that it was Leidy's discovery which started them on the right trail. The Germans settled the life history and disease-producing proclivities of this pork worm so exactly and completely that never again will any one have to wonder whether or not it causes illness. It does! *(Continued on page 940)*

PACK A LUNCH A MAN CAN WORK ON!

By HELEN MORGAN HALL

IMAGINE WORKERS who habitually try to turn out war weapons on breakfasts of "coffee and," with lunches of salami or jelly sandwiches and apples, suddenly munching stalks of raw celery, carrot and turnip sticks. This, in effect, is exactly the metamorphosis asked by medical and nutritional scientists today who are insisting that America's soldiers of production must be better fed. Their diets must be changed to give them more vitamins and minerals, to say nothing of carbohydrates.

Many diverse observations have led scientists to this conclusion. Brief, unofficial surveys indicate that workers' diets, and particularly their lunches, are sorry affairs, both nutritionally and esthetically. Into war industries have gone men drawn from relief rolls, who have been underfed for years, and others rejected for physical reasons by the selective service, all of whom need dietary attention. Statistics show that two thirds of the American people are inadequately fed, and it seems safe to assume that a goodly proportion of this group are men turning out our weapons of war. The mounting number of absences in war industries due to illness and fatigue could, nutritionists claim, be considerably lessened if these workers were to receive the kind of food that satisfies their bodily needs —and plenty of it!

That the change pictured above must come about is widely expressed. Ways to accomplish such dietary reforms are being sought by many authorities. Since this is a democratic country, the most obvious tool appears to be education—not regimentation, not force, but enlightenment regarding the right kinds of foods coupled with creation of a desire to eat those foods. How such education might be carried out has been outlined as follows by the Committee on Nutrition in Industry of the National Research Council:

(1) A trained dietitian should be available to give advice on diet to workers and their families.
(2) Nutrition information should be published in plant publications regularly.
(3) Pay envelop slips listing "good food buys" may be used.
(4) Posters telling of good food habits should be distributed.

(5) Pamphlets may also be distributed.
(6) Classes and demonstrations on nutrition can be conducted for wives and families of workers.

Yet such educational campaigns have not been started. "Education," some people protest, "is a slow, cumbersome process. People don't want to learn. . . . Besides, war plants are full of foreigners—how can you change their food customs? Why, a lot of them can scarcely speak English!" This attitude is profoundly inconsistent with a belief in the democratic system. Those who continue stubbornly to contend that democracy can work will have their faith reaffirmed by what the people have done for themselves in Bridgeport, Conn., for the Bridgeport Plan to improve the nutrition of war workers delivers a resounding denial to all cynical protests.

War workers and their families in Bridgeport are being educated in nutrition. Their initial antagonism to what appeared to be criticism of their food habits was quickly converted into an almost irrepressible enthusiasm, with the result that leaders of the Bridgeport Plan could hardly keep pace with the demand for changes which sprang from the people themselves! Yet Bridgeport is a factory city of foreigners. Its people have differing food customs and prejudices. Many do not speak English. Eighty per cent of its 180,000 population are foreign born or of foreign parentage; commonest nationalities are Hungarian, Polish, Lithuanian, Ukranian, Swedish, Italian, Russian, Slovakian. Experience in this city shows that what has happened in Bridgeport can happen anywhere in America if the citizens originating such programs understand and keep faith with the people.

The Bridgeport Plan, which began last May, is a community-conceived answer to the demand of national leaders to make Americans strong by improving nutrition. It has been run by the Health Division of the Civilian Defense Council, of which Dr. Joseph H. Howard is chairman, and brought to the people principally through the columns of the *Bridgeport Post*. Active leadership was shared by Dr. Howard, Mr. Ronald A. Malony, executive of the local gas company and civic leader who conceived the Plan and its slogan, "Pack a Lunch a Man Can Work On," and Mr. James L. McGovern, associate editor of the *Post*. The sincerity and lack of personal ambition of these men have been noted by all who visit Bridgeport to see the Plan in action.

Following the first newspaper stories announcing the Plan, that human resistance to change which cynics proclaim was clearly evident. To leaders of the program came word that women were muttering, "Nobody's going to tell me what to put in my husband's lunch. Why, I've been packing lunches for twenty years! Anybody'd think this is Germany. Now they're going to tell us what to eat!" To the leaders, there was an element of satisfaction in these reports: The people at least were listening. This was the moment to turn antagonism into sympathy and support. Into newspaper *(Continued on page 928)*

PSORIASIS

ONE OF THE MOST common diseases of the skin, psoriasis, is a chronic, inflammatory dermatosis which appears as sharply outlined bright red spots covered with dry, silvery scales. When the scales are removed a red, glistening surface is exposed, revealing fine, bleeding points which are characteristic of the disease. It occurs in all countries, in both sexes, in the young and the old. It is most frequently seen in adolescents and young, healthy adults, and it constitutes about 5 per cent of all cases seen in dermatologic practice. Psoriasis is not infectious or contagious but does seem to be hereditary or familial.

The sores of psoriasis are usually round or oval, varying from the size of a pea to the size of a coin, or even to large patches covering extensive areas of the body. Some of these lesions are ringlike, enclosing areas of normal appearing skin. These rings may merge at times to form bizarre geographic patterns. The number of spots may vary from two or three to several hundred. A single lesion of psoriasis begins as a pinhead sized, elevated red spot which rapidly reaches its permanent dimensions. Psoriasis never forms blisters, and it heals without scarring. In rare instances it becomes universal, covering every square inch of the body. When this occurs the disease has become serious, causing the patient great discomfort, incapacitating him and requiring months for complete recovery.

The eruption of psoriasis causes no constitutional symptoms or local discomfort, but it greatly disturbs the peace of mind of the person suffering from it. As a rule it does not itch, although in rare instances itching is an annoying symptom. The great majority of psoriatic patients are healthy people who do not suffer from other diseases. Arthritis is observed infrequently in patients with psoriasis, and occasionally the two diseases apparently have the same causation.

Psoriasis is usually symmetrically distributed, having a predilection for bony prominences such as the front of the knees and the back of the elbows, which are subject to frequent injury or friction. The hairy scalp and the small of the back are common locations of large patches. Psoriasis never causes baldness, in spite of the fact that the eruption may involve the scalp for years. In addition, the palms, soles of the feet and genital areas are frequently affected. It rarely occurs on the face, the chest or the back of the hands, probably because these areas are almost constantly exposed to the beneficial influence of natural light. The mucous membranes are never affected. Psoriasis may be local in its manifestations and affect only the palms and soles,

or the finger nails and toe nails. In the former locations, the eruption appears as spindle shaped, red, scaly, fissured patches following the normal grooves and furrows, especially at the sites of friction.

Psoriasis may be confined to the finger and toe nails for years before typical lesions appear on the body. When these appendages are

affected, the nails show many small, clear cut pits, alone or in combination with brownish discolorations at the sides and free borders of the nails. At times the accumulation of scales is so great as to cause separation of the upper half of the nail plates from their beds. Retarded growth and splitting and chipping of the nails are common in psoriasis of long standing.

Present knowledge of this persistent, unsightly affliction and how it may be handled successfully is summarized

By MAURICE J. COSTELLO

In some cases, psoriasis may run a continuous course from the appearance of the first lesion. In the majority of patients there are flare-ups and remissions which are influenced by climatic conditions, the eruption being much less in evidence in the summer months and in warm, humid regions where there is an abundance of sunshine. Other factors which influence the disease unfavorably are excessive physical and mental strain tending to lower the general nervous tone of the patient. Psoriasis is a capricious disease, which often becomes ameliorated without apparent cause. This accounts for the many so-called "sure cures" which are advertised in newspapers and magazines. Pregnancy and diseases accompanied by continuous high fever have a favorable effect on psoriasis; the eruption frequently disappears completely under these conditions. In general, however, it is a chronic, relapsing, recurring disease in which the term "cured" can never be applied with certainty. Many patients enjoy long intervals of freedom from eruption, and in some the disease never goes beyond the mild stage.

The specific cause of psoriasis is unknown. Many theories have been advanced, but none has been proved beyond question. Among the theories which have had some popularity are the beliefs that psoriasis is parasitic in origin, that it is a dietary, nervous or endocrine disorder, and that it results from a focal infection. Perhaps the most plausible theory advanced to date is that psoriasis is a disease resulting from a disorder of metabolism in which there is an inability to assimilate properly the protein or fatty foods.

Psoriasis cannot be cured permanently, but much can be done to clear up the disease for long intervals of time when proper treatment is administered. The type treatment used depends on whether the disease is acute and spreading or chronic and stationary. In the acute type, bathing with mild soap and water and the application of mild ointments are indicated. In the chronic type, more intensive treatment is necessary to rid the patient of the eruptions: daily baths with soap and water should be followed by removal of the scales with a soft bristled brush. It is usually necessary to apply irritating preparations by rubbing them vigorously on the psoriatic patches. In obstinate cases, these ointments may have to be rubbed on with a soft bristled toothbrush or a clothespin covered with gauze. The drugs most frequently used for this purpose should never be used by the patient unless they are prescribed by his physician, who will outline the proper method of application and the necessity for precautions.

Natural sunlight, particularly when combined with salt water bathing, is the most pleasant and convenient and one of the best forms of treatment for chronic generalized psoriasis. The person who has conspicuous psoriasis often does not wish to expose his body to the sunlight at bathing beaches. This is unfortunate, because sun-tanning the body is both a temporary cure and a preventive of psoriasis. X-ray treatment is also effective in some cases and obvi- *(Continued on page 930)*

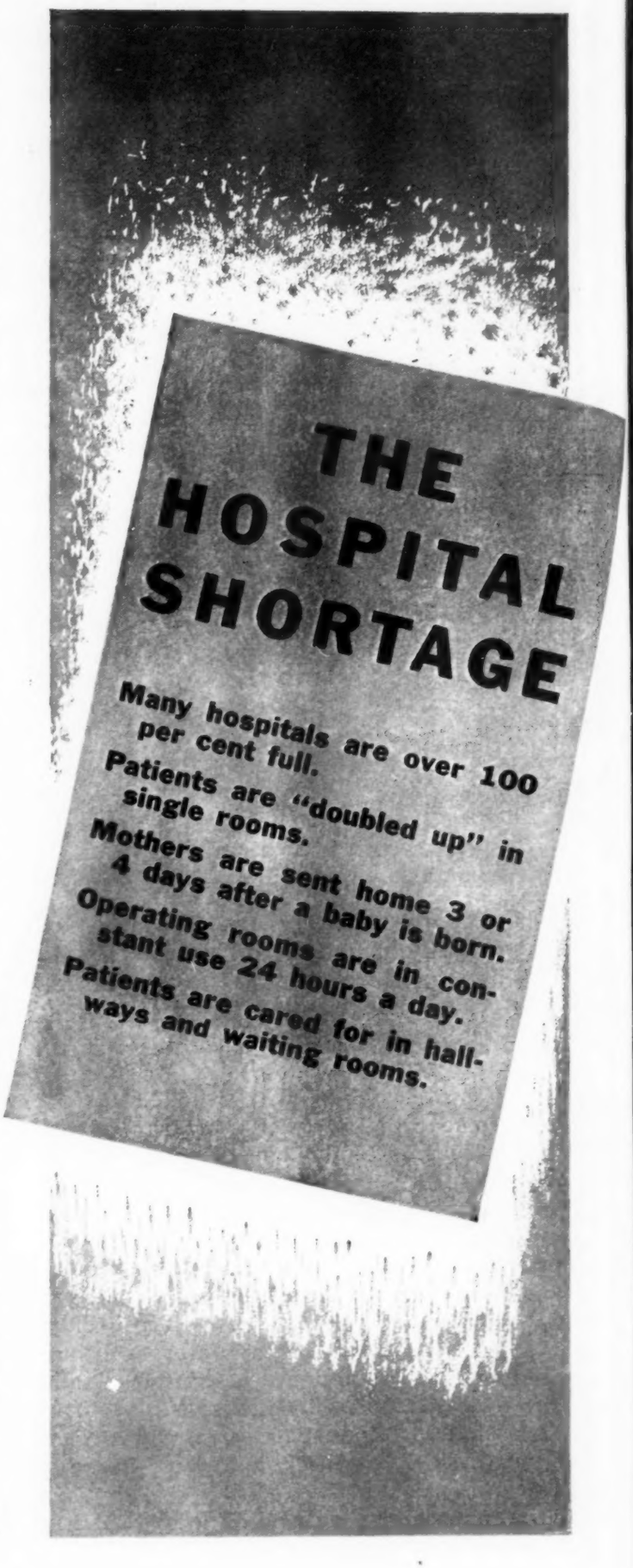
IN SPITE OF the substantial federal funds made available for hospital construction, equipment and repair under the provisions of the Lanham Act, a serious hospital shortage is imminent in the United States. Eighty per cent of bed capacity is considered the maximum at which a hospital can operate efficiently, but according to Dr. Donald K. Freedman in a recent article in *The Journal* of the American Medical Association, many hospitals now continually have occupancy rates of 100 per cent and more. Single rooms are made to hold two or even three patients, maternity cases are kept for only three days after the child is born, operating rooms are used continuously twenty-four hours a day and patients are even cared for in hallways, with no immediate relief in sight.

To carry on the war effort successfully our war workers must be healthy and stay healthy. To accomplish this end the federal government has been supplying funds to hospital projects in or near war industry communities. However, shortage of material for building and equipping hospitals has held back the construction of many needed hospital facilities even in these areas.

For the past ten years the Federal Works Agency and the agencies it succeeded indirectly and directly have been the nation's greatest builders of hospitals. Since 1933, 3,054 hospital projects have been financed wholly or in part with federal funds at a cost of over half a billion dollars. Under the old PWA and WPA programs, approximately $450,000,000 was spent on hospital projects, and since June 1941 more than $50,000,000 has been allocated from Lanham Act funds for hospital projects.

According to the 1941 census of the American Medical Association, there were 6,358 hospitals in the United States in that year, with a total bed capacity of 1,300,000. This was an increase of 98,000 beds over 1940, but authorities maintain that this increase is not enough to take care of the demand for hospital service.

As pointed out in the March 1942 issue of HYGEIA, under plans then being carried out by the Federal Works Agency in cooperation with the United States Public Health Service, boom towns caused by war activities would be supplied with a total of 61 hospital projects costing a total of $20,000,000 for land, construction and equipment. The figures mentioned were based on information available as



of Jan. 3, 1942. Totals as of Sept. 1, 1942, are as follows:

New Hospitals...	50	projects	costing	$18,345,498
Additions	125	"	"	30,960,395
Improvements ..	8	"	"	659,666
Equipment	5	"	"	306,329
Maintenance and Operation	8	"	"	1,149,984
	196	projects	costing	$51,421,872

In addition to the foregoing there were 105 health center projects costing over $5,000,000, 3 nurses' homes and schools costing $190,000, and 8 quarantine projects totaling $500,000.

The growing shortage of construction and hospital materials in June of this year caused FWA authorities to drastically change the design of future hospitals. Under the rules jointly promulgated in that month by FWA and WPB, hospitals now to be built will be temporary in nature and designed on the basis of providing a minimum of additional facilities for the duration of the war. Buildings will be constructed of masonry, lumber or other nonmetallic materials, and construction of all facilities of any type will be avoided unless the facilities are essential for the war effort.

One story buildings with a minimum of four patients to a room will be standard, but two story buildings may be allowed in exceptional cases. However, elevators are out for the duration, and call bells and other signal systems using copper wire will be reduced to an absolute minimum. This will result in the elimination of visual paging systems, voice paging systems, telephones in rooms, nurses' hall lights and similar services. Needless to say, critical materials such as steel, copper and aluminum cannot be used in any part of construction except where specifically allowed, and these exceptions are rare.

The eight quarantine projects are an interesting development in hospital work. These are to provide centers for treatment of venereal diseases and are located adjacent to military and war industry establishments, principally in the South, where the venereal disease rate is so high. One of these projects, located in Chicago, will occupy a building formerly used as a general hospital. The building will be under lease to the City of Chicago and will have basic accommodations for about 200 in-service patients. The United States Public Health Service will furnish a medical health director and one surgeon. WPA funds are available for the employment of about 128 persons. The rest of the working force, together with all other operational expenses, will be paid out of a grant of $271,440 by FWA under the provisions of the Lanham Act.

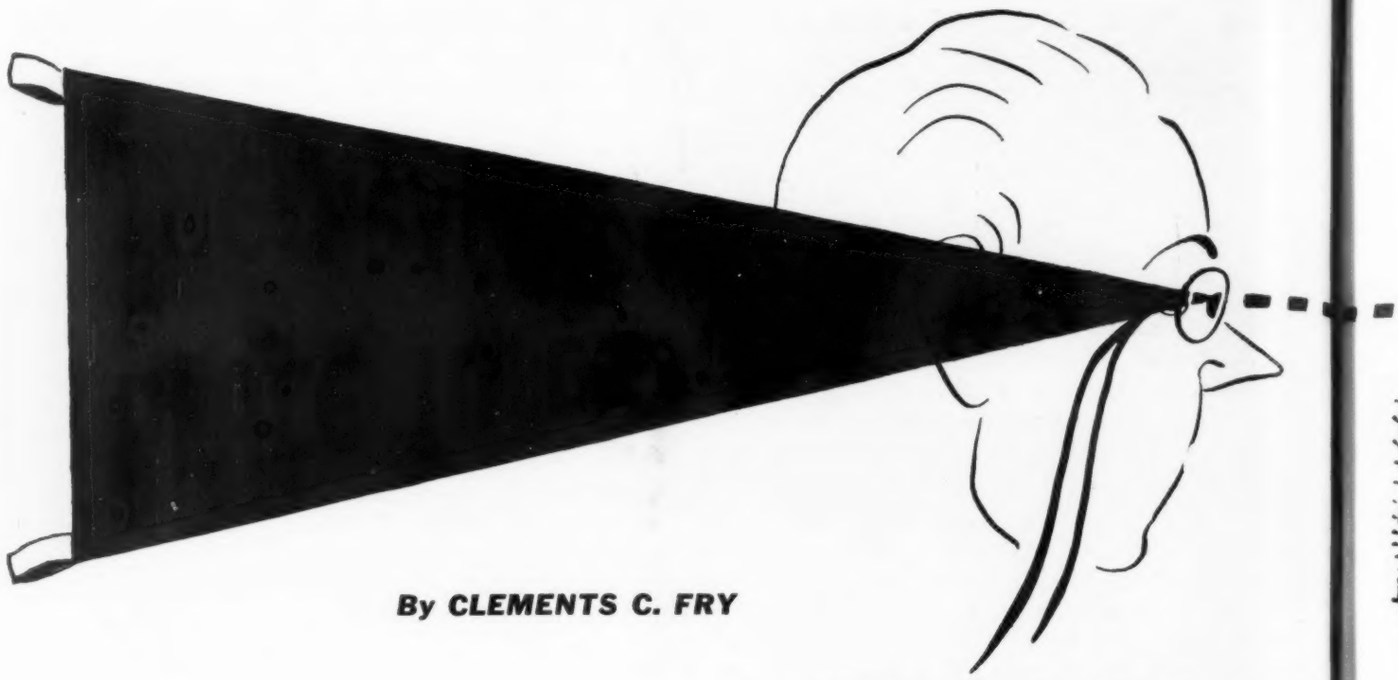
This hospital is to serve: (1) civilians suffering from venereal disease, especially selective service men deferred from the draft because of infection; (2) persons who are known to be sources of infection; (3) prostitutes or others who habitually expose others to infection, and (4) volunteers for intensive venereal disease treatment.

The picture for future hospital construction in the United States is a dark one, but so is the picture for all other construction. Of the 800 hospital applications totaling $230,000,000 now on file with FWA, only one fourth have been approved to date. From present indications most of the remaining applications will not be approved, for the Lanham Act funds are nearly exhausted, and in addition hospital projects no longer receive a favored position as far as eligibility under the FWA War Public Works Program is concerned. Hospitals are now fifth in priority, coming after water supply, fire-fighting, sewerage and access road and bridge projects.

The net result will simply be this: Many communities needing hospitals will be unable to build them, even with their own funds, until after the war is over. Other communities in critical need of hospitals may get them, but these will be temporary in nature, probably of one story frame construction, without any of the usual hospital facilities using critical materials. Buildings will be smaller as far as total bed capacity is concerned, with 40 and 50 bed units being built instead of the 200 bed type, but private rooms will be out for the duration, with small wards taking their place. Some types of ailments may again have to be treated in the home, and maternity cases will of necessity be considered as home cases rather than hospital cases in many instances.

However, the people must sacrifice something in wartime, and it cannot be said that the sacrifice of adequate hospital facilities for the duration is too great a price to pay for winning the war. We must all make the best of conditions, use hospitals only when it is absolutely necessary, and bend every effort to win the war now so that dislocations such as presently exist in hospitals and other activities will speedily be removed.

By E. K. GUBIN



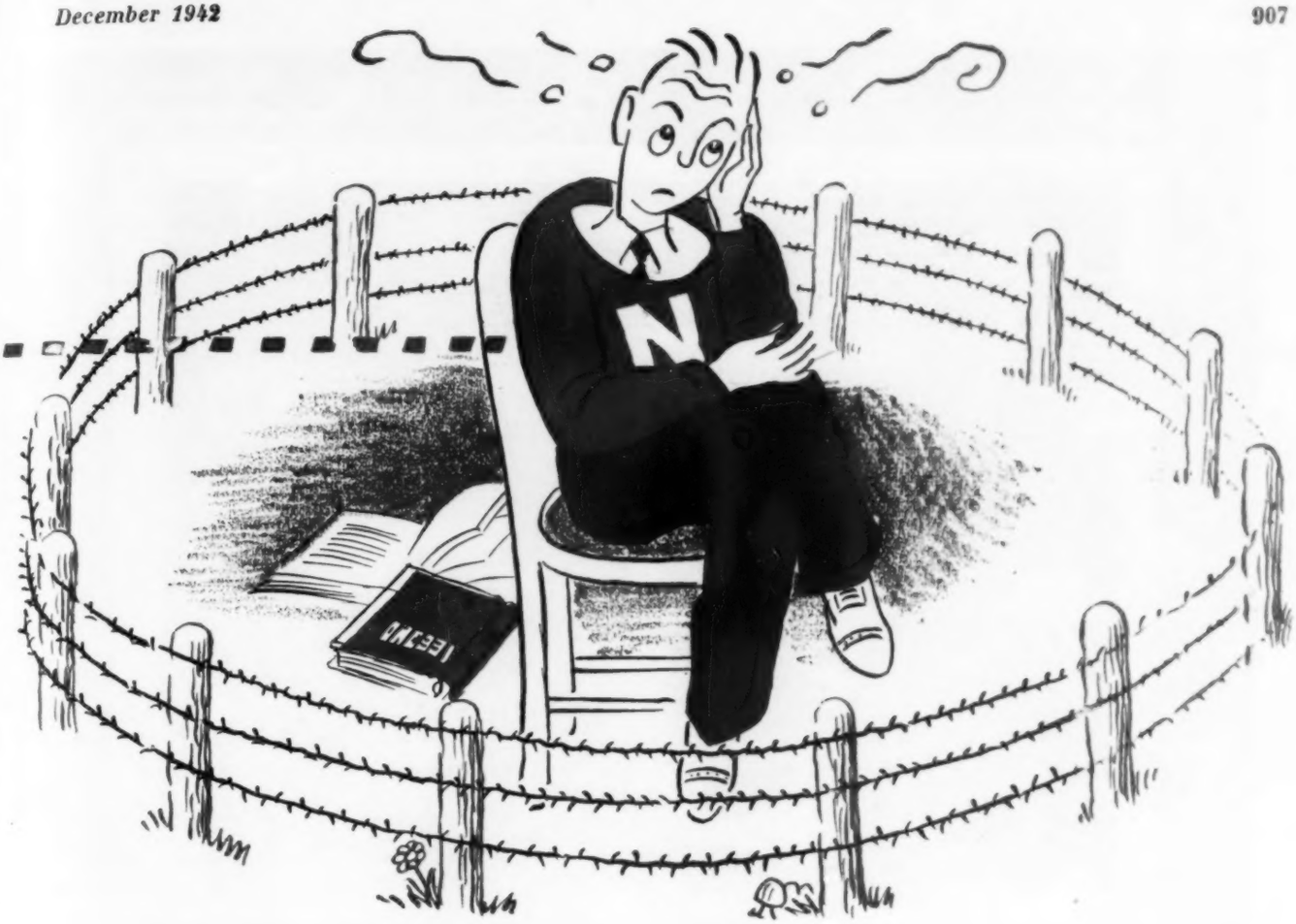
By CLEMENTS C. FRY

Emotional disturbances in the college student are usually susceptible of analysis and correction, resulting in improved academic performance and social adjustment

THE AVERAGE UNDERGRADUATE, if there is such a creature, thinks of the college mental hygiene service as a refuge for the "queeries" of the campus. That thought comforts him about the stability of his college world and expresses a characteristic prejudice about psychiatry as a form of quackery and mumbo jumbo—a prejudice which he shares with a large section of the adult population! His favorite slogan is that "psychiatry may be all right for weaklings, but any one with guts can work through his own problems."

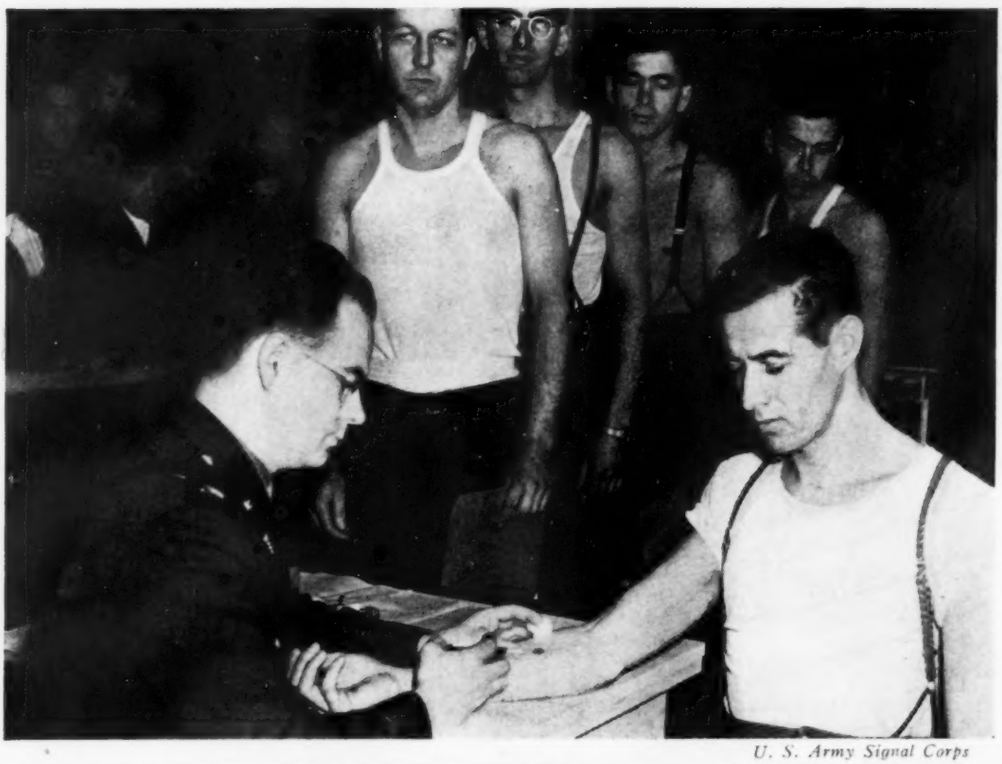
Yet nothing could be further from the truth. The students who have consulted university psychiatrists in the Yale Health Department since 1926 have not all been the odd fish, the weaklings of the college world. They have been a representative group, ranging from top to bottom scholastically, socially, athletically and economically. The incidence of emotional difficulties is no more limited to any one section of the college community than is the incidence of sinus trouble or appendicitis. Most of the students who received mental hygiene treatment learned that it requires more courage than the "work it out yourself" method, for going to a psychiatrist means that one is going to investigate his personality and its history for facts relevant to his present discomfort. Facing facts and learning what to do about them is a large, and not always palatable, order.

There is nothing mysterious about most of the problems which students present to a university psychiatrist. Their disturbances focus on the common problems of life in society. College society viewed from the psychiatrist's window has all the familiar campus landmarks—clubs and teams, a struggle for prestige, a haze of sentiment around a touch of culture. The fact that the problems are familiar, however, does not mean that they are not real and important. It must be remembered that college students are going through a period that is emotionally difficult for most people. Late adolescence is a time of storm and stress, when behavior and attitudes are taking form, ambitions and values crystallize and strivings become concentrated in one direction. Changes taking place on the emotional and intellectual level are accompanied by physical development and change. While trying to juggle all these growth phenomena,



to digest and assimilate them so that they will result in well ordered maturity, a boy or girl goes to college, and the college experience introduces a new set of obligations and adjustments. Once in college a student must fulfil scholastic requirements and find his way around socially. Away from home, without the comforting approval and companionship of the family, without its guidance, the student has to make a place for himself. It may be his first experience on his own, his first chance to make decisions, and he may not be prepared to do all that is required of him—at least not without a good deal of turmoil and wasted energy.

All students are not equally well prepared for college, either scholastically or culturally. There are also differences among students' personalities and experiences and their reactions to people and events. It takes poise, for example, and a certain social sense to be able to size up a college society and fit into it smoothly and without regrets. Some people never make the grade socially without a good deal of help. Some never make it at all. Not making it may be a bitter experience with far reaching effects in a student's life. In most colleges the important symbol of social success is membership in a fraternity or club. Not belonging to a fraternity means not participating in much of the life of the society. It means being on the outside looking in. When a student is rebuffed how does he react? He may go to some one who is socially successful and ask for a magic formula. Or he may look around him and discover the formula himself. He may find that visiting around, joining bull sessions, wearing the right clothes and using a special vocabulary will win him an entrée into a group through which he may at last gain election to a club. Or he may be able to ignore the organized social groups and become absorbed in intellectual pursuits. Either of these reactions is possible, and either may occur in people who are well enough organized to view themselves and their relation to the college with some detachment. Once they see what the situation is, they can set a course and follow it. It is obvious that all students do not react to exclusion in the same way, and it is inevitable that more often than not they will interpret it as a blow to their self esteem. Socially, they are different, and difference means inferiority. *(Continued on page 948)*



U. S. Army Signal Corps

DOCTORS

IN A NATION AT WAR

THE MEDICAL PROFESSION of our country is as patriotic a group as can be found in our population. Its members have met the needs of our armed forces in every conflict in which our nation has been engaged. Now they are better organized for war and for the care of our civilian population during war than ever before in our history.

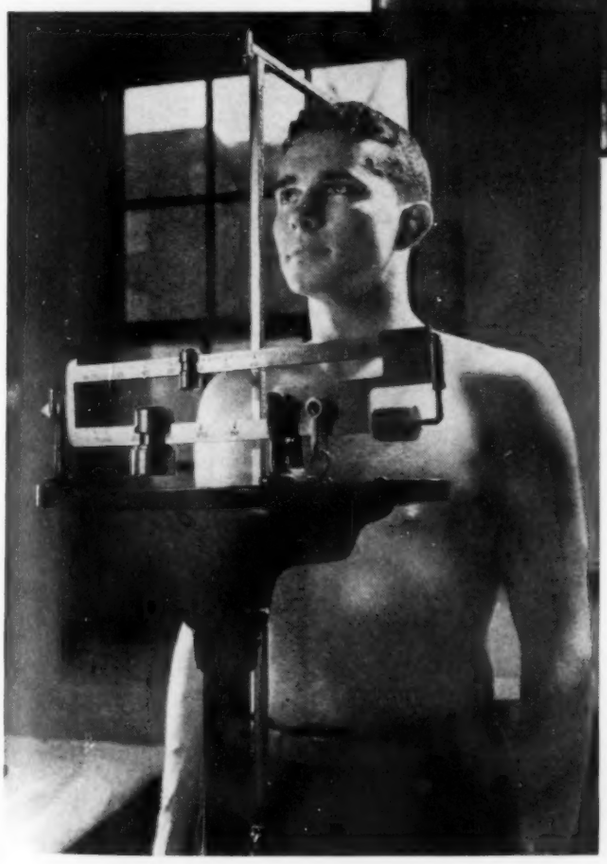
Over 40,000 medical officers have taken the oath of office or are now in the process of being commissioned in the Army and Navy Medical Departments. Over 5,000 additional physicians under 37 years of age have been cleared by professional and state committees of physicians for service with the Army and Navy and will, no doubt, shortly be enrolled. With the rapid expansion of our armed forces that has been planned during the next six months, many additional thousands of medical officers will be required.

In June 1940 the Surgeons General of the United States Army and Navy approached the house of delegates of the American Medical Association, asking them to establish an organization for supplying the needs for physicians of those services. Immediately, the association undertook the establishment of a national roster of the medical profession. Today in the headquarters of the association in Chicago there is a record on a punch-card system of the 180,000 doctors in the United States licensed to practice medicine. For every doctor there is now available information regarding every aspect of his physical, moral, educational, scientific and other qualifications. Moreover, there is an indication of whether or not he is

willing to serve and of the special type of service for which he considers himself best fitted. Through cooperation with the special committees of the division of medical sciences of the National Research Council, all men qualified in specialties have been rated as to their qualities of leadership, ability to administer a medical service in a hospital and ability to organize and to teach.

This invaluable material is now at the disposal of the Procurement and Assignment Service for Physicians, Dentists and Veterinarians, established under order of the President on Oct. 30, 1941, and now a part of the War Manpower Commission. The responsibility for assigning and utilizing the services of these professional workers is now placed in their own hands.

From the moment when a nation begins to prepare for war the medical profession is charged with new responsibilities; war adds immeasurably to the volume of civilian medical services. In the Selective Service program more than 25,000 physicians have given freely of their time and of their work in order to aid the nation in the selection of men physically fit to withstand the rigors of current warfare. That they have selected well is indicated by the fact that the United States Army of today has the lowest sickness and death rates of any large army ever assembled anywhere in the world! Indeed, the standards of physical fitness are so high that the total number of rejections has caused unnecessary alarm. Moreover, the work of more than 25,000 physicians on local draft boards and appeal boards has been supplemented by the work of some 1,500 physicians who have served on the induction boards. These are the boards which have had to make the final decision before any young men could be admitted to military service.



Of more than 7,000,000 men between the ages of 21 and 28, we have taken those who were most physically fit, who were without dependents and who were not engaged in essential industries. The increase, by later amendment to Selective Service legislation, in the ages of those to be considered by the Selective Service from 28 to 45 placed a new and even a more serious responsibility on the medical profession. Obviously, the men between 28 and 45 need far more careful physical examination because of the greater number of defects associated with increasing age.

The medical profession of the United States has been able to make its contribution to the Selective Service programs largely because of the magnificent development of American medicine that has occurred in the past fifty years. The tremendous growth of our hospitals, the vastly expanded laboratory facilities and the tremendous multiplication of apparatus available for x-ray study have made it possible for physicians working as teams to carry out the more complicated examinations with greater ease than a complete examination could be made by one or two physicians in a previous generation. Moreover, the development of hospitals, of laboratories, and of good roads, and the increasing utilization of the motor car, make it possible for the physician to distribute his services to much greater advantage than was ever possible previously.

It has been argued from the results of the physical examination *(Continued on page 920)*

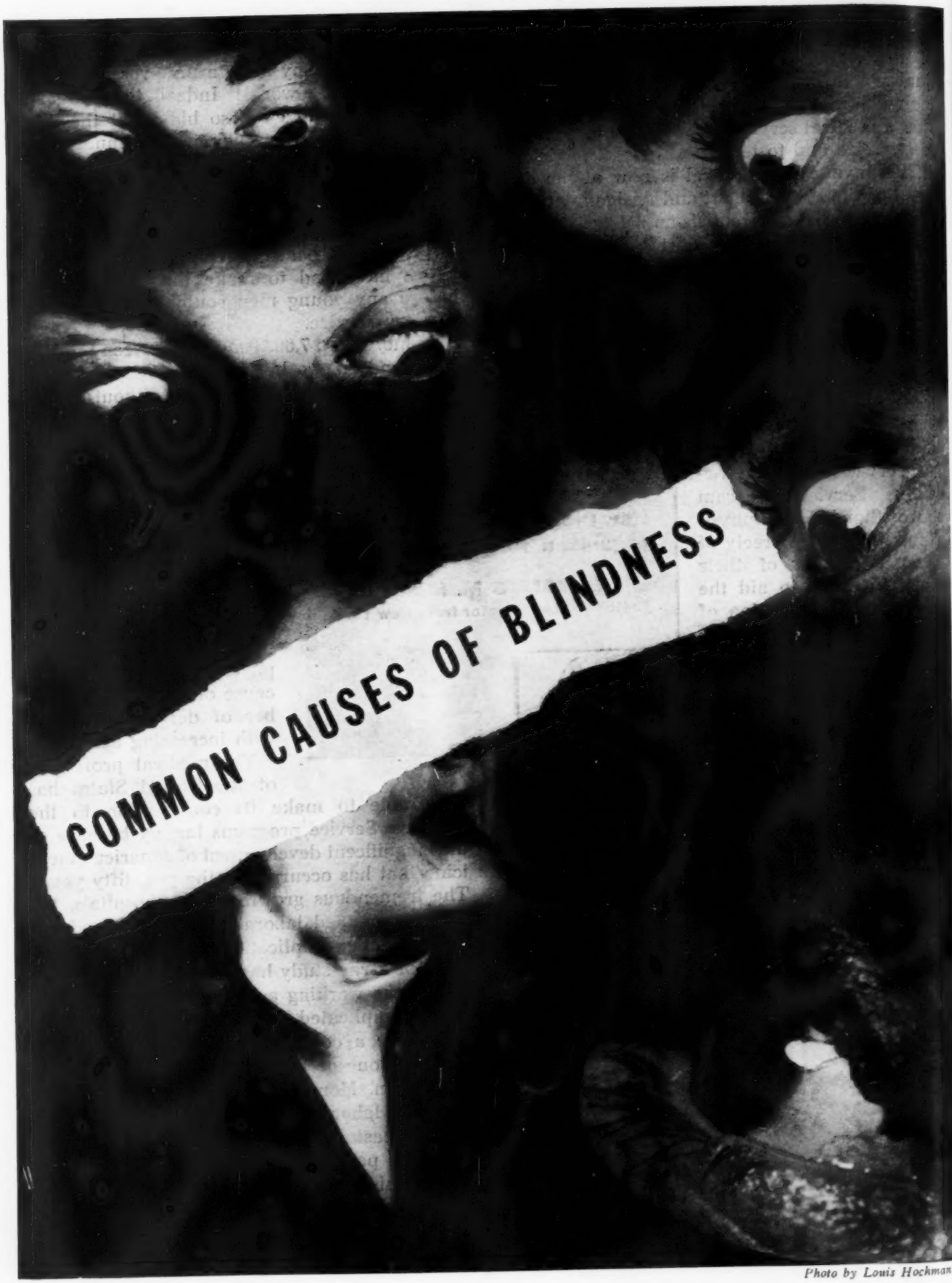
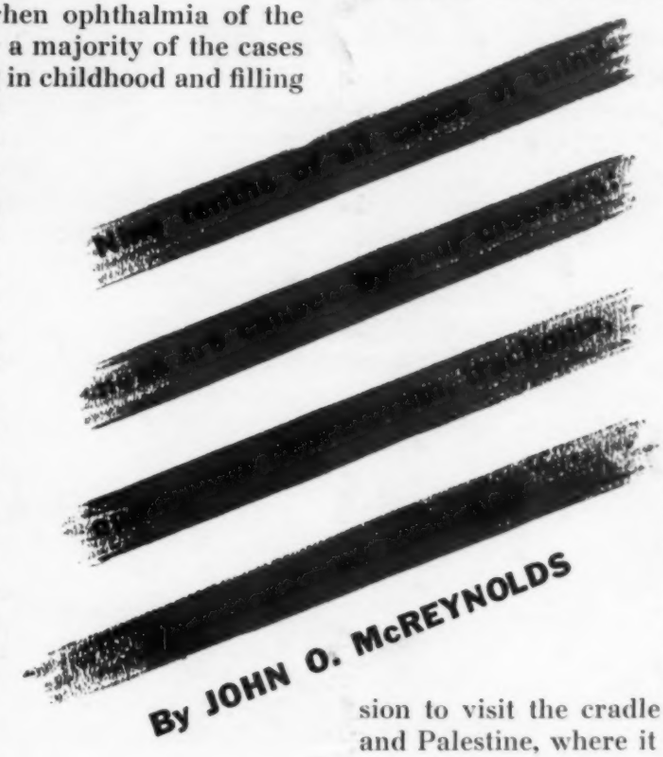


Photo by Louis Hochman

FOUR MAJOR DISEASES are responsible for nine tenths of the cases of partial or complete blindness that have afflicted the human race in all its long and painful history. These four principal diseases include two external infectious diseases and two internal degenerative diseases. The two main external infections are *ophthalmia neonatorum*, or severe inflammation of the eyes of newborn babies, and *trachoma*, or chronic granular lids; and the two serious degenerative diseases of the interior of the eye are *cataract*, or cloudiness of the crystalline lens, and *glaucoma*, or hardening of the eyeball.



By JOHN O. McREYNOLDS

There was a time when ophthalmia of the newborn accounted for a majority of the cases of blindness developing in childhood and filling the blind asylums of the world. This disease is caused by a pus-producing organism, the gonococcus of Neisser (the same germ which causes gonorrhea), which enters the eyes of an infant at birth during its passage through the maternal structures of an infected mother. Fortunately, this condition is now largely a thing of the past—due to a more thorough knowledge of the cause, the means of prevention and the measures adopted for its relief. So rare has the condition now become that many eye physicians of extensive experience may encounter during a period of several years not a single case in private practice and only an occasional one in the lying-in hospitals of our country.

How was this radical change brought about? The movement was originated by Credé, of Leipsic, in 1880, and the essential features of the treatment have been adopted in various countries throughout the world. Their employment is now made compulsory by the governments of many nations, states and municipalities. It is a simple procedure and depends on the inhibiting action of silver nitrate on the activity of the gonococcus. The routine procedure consists of putting a few drops of a 1 or 2 per cent solution of silver nitrate into the eyes of every infant at the moment of its birth and immediately washing away the excess with a weak solution of sodium chloride or common salt. There may be some variation in the strength and composition of the silver solution employed, but the necessary protection is provided by the use of nitrate of silver or of some of the other salts of silver in adequate potency. Nitrate of silver is standard for the treatment, but it is to some extent an irritant itself and may sometimes cause an inflammation. For this reason a substitution of other silver salts is occasionally used when the mother has been recently examined and found free from gonorrheal infection, although present day obstetricians generally follow the preventive measures exactly as originated by the obstetrician of Leipsic, who decided on silver nitrate as the most efficient remedy.

The second form of serious infection of the external structures of the eye is the disease known as trachoma, or chronic granular lids. This is an ancient malady and has been widely scattered all over the earth. The author has had occasion to visit the cradle of trachoma in Egypt and Palestine, where it first came prominently to notice and where its ravages resulted in marked visual defects affecting at times as much as 85 per cent of the population. This is essentially a chronic disease, in contrast with ophthalmia of the newborn, which is definitely an acute affection.

Trachoma has acquired various names according to the location and circumstances of its development. From its origin in Egypt it got the name of Egyptian ophthalmia. After the armies of Napoleon, returning from Egypt, had scattered the disease over Europe it became known as military ophthalmia, and because of its prevalence in schools it has been known as school ophthalmia. It begins generally as a suppurative process with a tendency to an involvement of the cornea, or the normally clear, *(Continued on page 932)*

THE WAR is developing a growing consciousness of the importance of health teaching and practice in our public schools. We are learning that a victorious nation must train its young people at home and in its schools. We must begin in their early years to teach children proper habits; we must make good health habits so interesting that young people will have an incentive for practicing them.

It would be splendid to have some phase of health teaching emphasized from the kindergarten throughout high school, so that health habits would become automatic. If we could teach young people to make the proper selection of food, to eat and eliminate regularly, to sleep enough, to form habits of playing outdoors or of walking instead of riding, to develop good posture habits while they are growing, to know why and how to keep themselves clean and neat and to acquire healthy mental attitudes—we should have a powerful influence in developing men and women with well balanced personalities and strong physiques.

As matters now stand, our curriculum is so full—so much else has been crowded into their busy lives—that often children reach high school with too little knowledge of health principles. And it must be admitted that under our crowded conditions and with our limited health personnel, too many young people leave high school without much change in their health status!

The attempt to reach and influence more pupils of high school age at the Libbey High

School, Toledo, Ohio, is an outgrowth of World War I. The plan centers around and radiates from classes in Hygiene and Home Nursing, a course based on the one by that name sponsored by the American Red Cross. Through the efforts of Mr. William Guitteau, then superintendent of schools of Toledo, and Mrs. Leuty Breeze, R.N., it was incorporated in the curriculum of Scott High School about 1919. As other high schools have been established in the city a full time nurse has been added to the faculty, until today there is one in each of the seven high schools. While the courses and general plans are similar, conditions vary somewhat, and the personality of the nurse and the demands of the individual school shape her activities to a great extent.

Libbey High School was opened in September 1923 with an enrollment of 720 boys and 710 girls. I came to the building to find an ordinary classroom with twenty-six chairs and a desk as my only equipment. For a number of weeks no material for first aid or demonstration purposes was available. My three classes of eight, twelve, and nine girls represented all grades of high school. Other pupils were wary about coming into the Health Room except in cases of emergency. If they were called in for any special reason, they were often resentful.

Gradually, as girls in these classes realized the practical value of the work, they told others. The enrollment increased until soon we had to limit the classes to senior girls only. Gradually, too, as other pupils realized that our interest in them was genuine and constructive, the volume of our health service increased. To give the girls who elected this course more practical and valuable experience, I required each of them to spend one hour daily for at least a month as a nurse's aide in the Health Room. As a result of their attending to the general routine of the Health Room—acting as receptionists, giving first aid, keeping records, going to teachers' rooms for pupils, keeping up supplies and taking care of the general housekeeping—more of my own time is available for private consultations.

Private interviews have proved to be the best means of dealing with problem cases, directing mental attitudes and teaching mental hygiene. These conferences take time, but they are well worth every minute of it. Since pupils need opportunities and time to unload their difficulties, a private conference in a friendly, cheerful atmosphere is *(Continued on page 938)*

TODAY MOST patients are adults. One hundred years ago most of them were children. That was before diphtheria, scarlet fever, whooping cough, dysentery and typhoid began to be rarities. The reduction in infant and child mortality figures reflects scientific achievements probably second to none in the long history of medical accomplishment. Today, pneumonia, meningitis, and dysentery when it does come, are combated successfully with sulfonamide drugs!

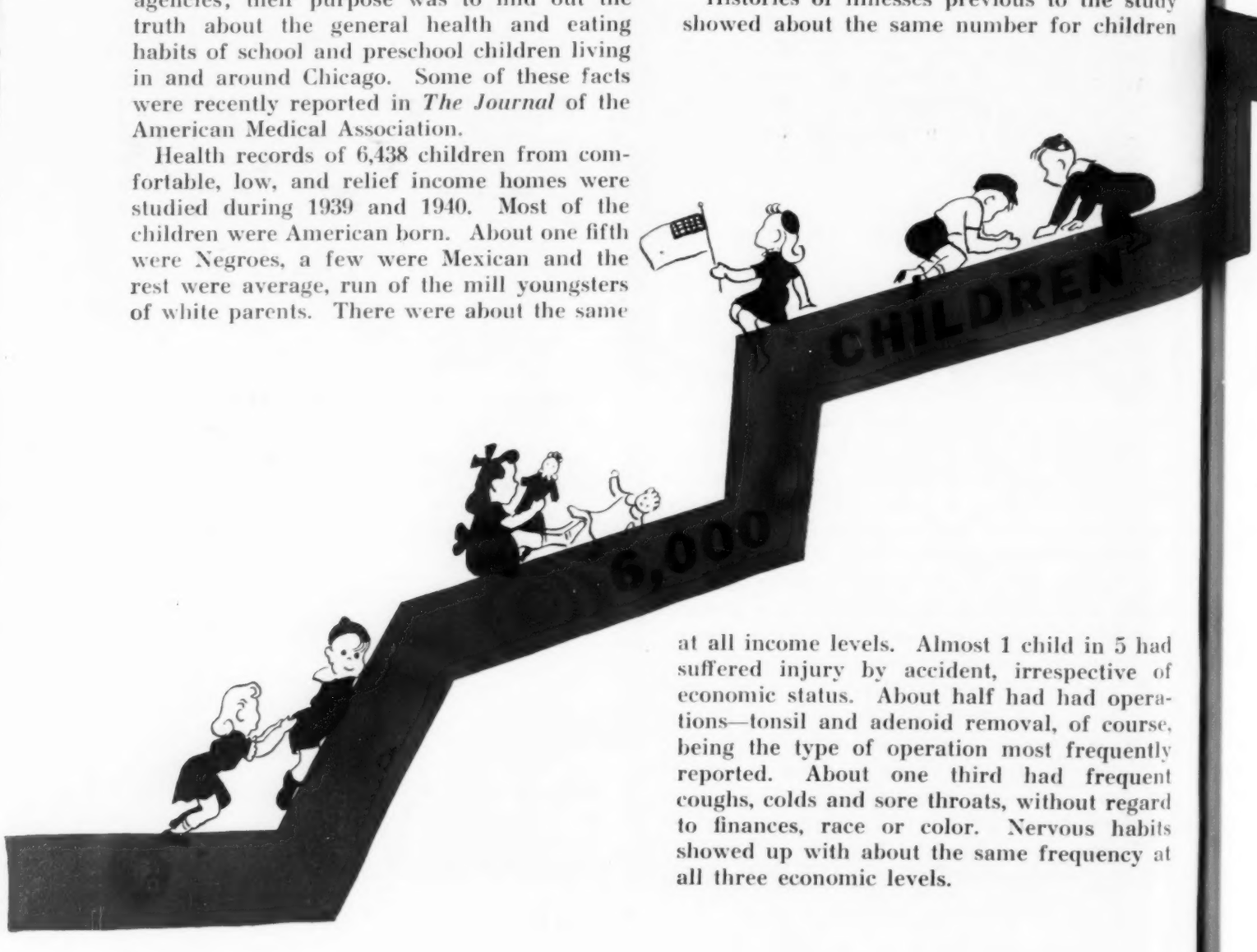
But we are a long, long way from the goal. Of each 100 children who die, the deaths of 75 are preventable. Not so good. Equally depressing is the fact that probably not more than about 1 in 17 of our supposedly "well" children enjoys really good health.

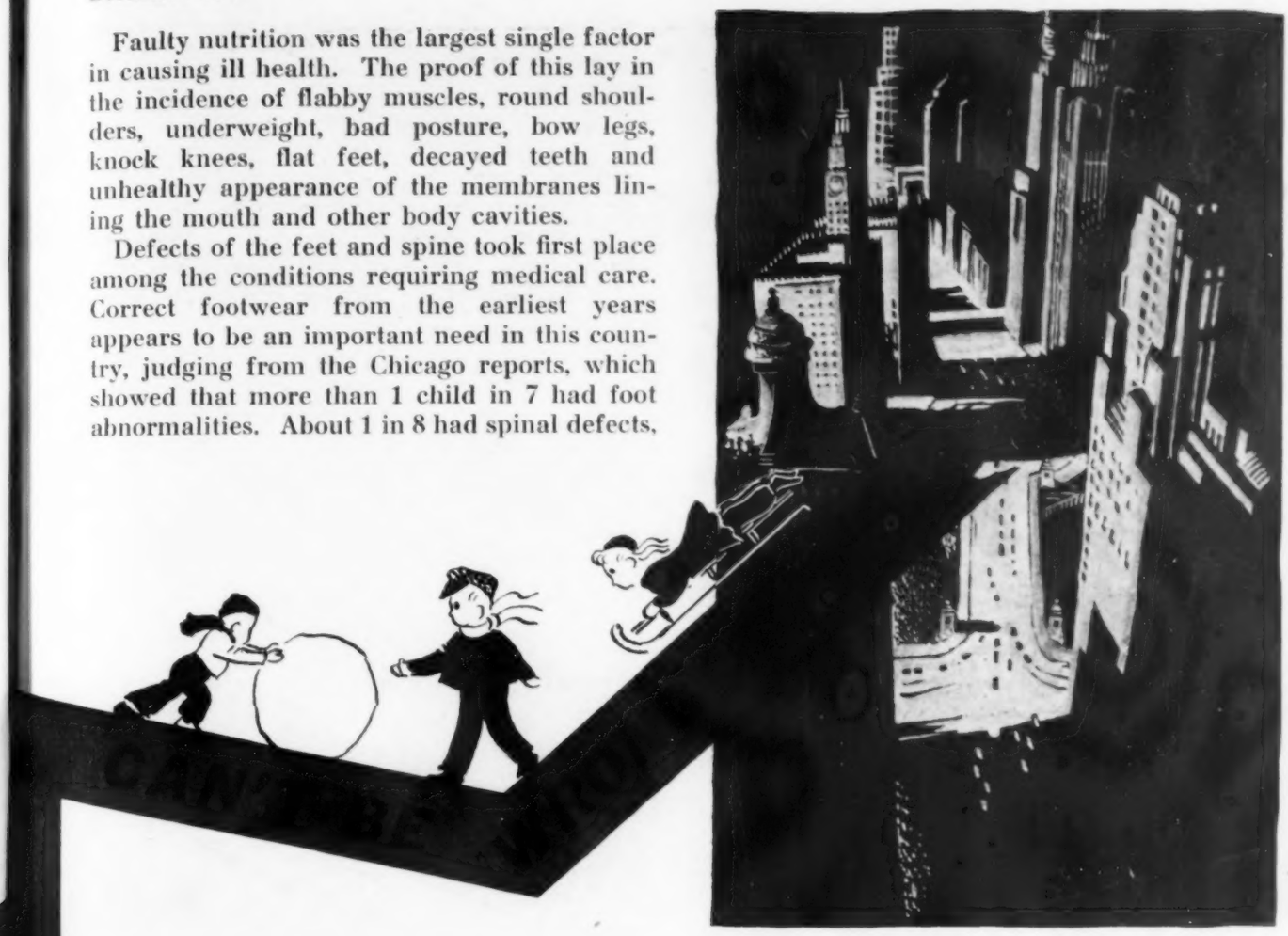
Interesting findings are coming out of a study conducted by the Elizabeth McCormick Memorial Fund. The study was carried on by physicians cooperating with several health agencies; their purpose was to find out the truth about the general health and eating habits of school and preschool children living in and around Chicago. Some of these facts were recently reported in *The Journal* of the American Medical Association.

Health records of 6,438 children from comfortable, low, and relief income homes were studied during 1939 and 1940. Most of the children were American born. About one fifth were Negroes, a few were Mexican and the rest were average, run of the mill youngsters of white parents. There were about the same number of boys and girls. Most were between 5 and 14 years of age, although a few were as young as 2 or as old as 18 years. The largest families, ranging from one to seventeen children, were found among the native born whites. Large families—eight or more members—were found at all income levels.

Parents throughout the country may well heed a few facts brought to light. For example, it was found that economic security is no safeguard against physical defects. Mary Smith, whose father makes $10,000 a year, needs just about as much medical care as the Johnson boy, whose family is on relief. Nor is there any statistical difference in the kinds of medical care needed by children at different income levels. Sixty per cent of all children studied had physical defects, most of them remediable, practically all preventable; all this 60 per cent needed medical care and supervision. Almost the same number required dental care.

Histories of illnesses previous to the study showed about the same number for children at all income levels. Almost 1 child in 5 had suffered injury by accident, irrespective of economic status. About half had had operations—tonsil and adenoid removal, of course, being the type of operation most frequently reported. About one third had frequent coughs, colds and sore throats, without regard to finances, race or color. Nervous habits showed up with about the same frequency at all three economic levels.





This close study of the health needs of 6,438 children in Chicago shows the need for medical supervision and balanced diets at all income levels.

By MIRIAM ZELLER GROSS

Faulty nutrition was the largest single factor in causing ill health. The proof of this lay in the incidence of flabby muscles, round shoulders, underweight, bad posture, bow legs, knock knees, flat feet, decayed teeth and unhealthy appearance of the membranes lining the mouth and other body cavities.

Defects of the feet and spine took first place among the conditions requiring medical care. Correct footwear from the earliest years appears to be an important need in this country, judging from the Chicago reports, which showed that more than 1 child in 7 had foot abnormalities. About 1 in 8 had spinal defects, and altogether orthopedic care headed the list of the kinds of medical assistance needed by these children. Ear, nose and throat conditions came second, followed by those of the eyes, genitourinary system, heart and lungs. It is perhaps gratifying that but 2 children out of 100 showed diseased hearts and lungs; on the other hand, none of these children, supposedly, were sick. Eye defects increased according to the age of the child; at 5 years, only 2 out of 100 needed medical care for eye defects, but 14 out of each 100 between 15 and 19 years old required such care.

Tuberculosis appeared as often among families in comfortable circumstances as among those on relief. Diabetes was found even more frequently among the economically independent and more often among the white than the colored. Excessive overcrowding in some homes came to light when questions were asked about sleeping accommodations. In several instances as many as 6 children occupied the same bed! More than 1 child in 3 was in a "definitely unsatisfactory" condition, while only 1 in 17 was in excellent health. Children from homes in the better income group had the advantage here; three times as many children from these homes were judged to be in excellent health as were the children whose families were on relief, and half as many from the low or marginal income groups as from the *(Continued on page 947)*

THE WOMEN BEHIND THE TEST TUBES

By GEORGE KORSON

THE WAR has created a great opportunity for medical technologists, both men and women, to serve their country by helping the Army and Navy maintain the highest possible health standards among our soldiers, sailors and marines. With American battle flags raised on every continent, over every sea and in climates ranging from the Arctic to the tropical jungles, the man behind the test tube is a mighty important buddy of the man behind the gun. Smears, cultures and blood counts taken in military laboratories, especially in the field, might mean the difference between victory and defeat in a battle. The same is true of water and milk analyses. Special attention is being paid to the care of the teeth and proper diets among the men in our armed services.

The need for medical technologists is unprecedented. Because women dominate some of the professions in this field, their services are being enlisted as civilians attached to United States Army hospital units for duty at home and overseas. Women dietitians, dental hygienists, laboratory technicians, physical therapy aides and dental assistants are among the technologists now being appointed to military hospital posts by the United States Army. However, for service with American expeditionary forces beyond the continental limits of the United States, only dietitians, dental hygienists and physical therapy aides are now being assigned.

These women technicians, as well as many other kinds of medical technologists, both men and women, qualified for service with our military forces, are being drawn by the Army from a national enrollment undertaken last year by the American Red Cross at the request of the Surgeon General of the Army. On April 30, 1942, a total of 3,853 men and women medical technologists had been enrolled, the American Red Cross reports. None of the applicants was accepted before the Red Cross had made a detailed investigation of his fitness for the job. All fulfilled the technical and physical standards specified by the Surgeon General of the Army.

The enrollment confirmed the fact that women dominated some of the more important professions in the medical technological field. For instance, one lone male qualified as a dietitian, as against 260 females! Not a single man met the requirements for the positions of dental assistants and dental hygienists, while women enrollees numbered 193 and 235 respectively. Only 33 men qualified as physical therapy technicians, as against 146 women; and 96 as laboratory technicians as against 438 women. However, men far outnumbered women as pharmacy technicians, the count being 1,233 to 54, and 328 men were enrolled as dental mechanics with no competition at all from the fair sex.

Men who meet the required standards are enlisted and assigned to the medical department of the Army. They are graded as privates and undergo a period of basic military training. Subsequently, technologists are assigned to units and are subject to promotion to noncommissioned grades or to specialist ratings so far as vacancies exist. Men who enroll and pass the necessary physical examination but who may later be found physically disqualified for military duty may be employed as civilians.

Women civilian technologists are being assigned to 1,000 bed hospital units established in continental army camps and overseas on the following basis: overseas hospitals, head physical therapy aide and two assistants, two dental hygienists, one head dietitian and three staff dietitians; camp hospitals, head physical therapy aide and three assistants, one head dietitian and seven assistants.

The employment of civilian women as dietitians for duty at home and beyond the continental limits of the United States is an indication of the importance which the Army is attaching to the matter of diets for the troops. Each hospitalized service man will receive individual care and the best that the science of dietetics has to offer. With few or no nutrition experts available in former years,

American Red Cross Photos

Cultures and blood counts taken in field laboratories may mean the difference between victory and defeat in battle. The woman technologist keeps her civilian status, is usually quartered with Army nurses and is expected to conform to Nurse Corps regulations.

Thousands of women are being assigned to serve with the Army as technologists

the proper feeding of sick and injured patients in military hospitals presented a serious problem. Recognition is now given to the fact that proper diets often determine the success or failure of treatment. The Army has published a new technical manual on hospital diets intended to "greatly simplify the diet problems for ward and mess officers, dietitians, mess sergeants, and cooks in ordering and preparing diets suitable not only for the average patient under usual conditions but also for almost any specific case which may be encountered."

Civilian women dietitians will be on duty only in hospitals, the preparation of meals for the whole Army being in charge of cooks and bakers specially trained for this work. On duty they wear a regulation white uniform, but for street wear new, distinctive uniforms are now under consideration by the Army, woolen for service in cold climates and seersucker for the tropics.

Physical therapy aides perform all physical therapy treatments of disease or injury under the direction of a medical officer, including the use of heat, light, water, electricity, massage or exercise. A distinctive uniform has already been designed for the women physical therapy aides. Made of dark blue cotton material, it is a one piece, straight line uniform, with one knife plait one inch wide down each side of front and back, stitched to a few inches below the waist line. It has short sleeves, two pockets, detachable collar and cuffs of white pique and is worn with a belt of the same material as the uniform. Aides wear a cap of dark blue organdie, and the head aide's cap is white organdie. White orthopedic shoes or walking oxfords are prescribed, with low rubber heels. White hose are worn. Civilian male therapy aides wear white duck trousers and coat.

Socially, women therapy aides, dental hygienists and dietitians are expected to conform to the rules governing the conduct of the Army Nurse Corps. Though retaining their civilian status, these women medical technologists, on the invitation of the chief nurse, are quartered with the Army nurses. The Army pays $2,000 a year to head dietitians and head physical therapy aides, and $1,800 each to their respective assistants. Dental hygienists receive $1,620 a year. A deduction of $390 is made for quarters and rations, but this changes when the women leave the continental limits of the United States. While on duty overseas, they pay only $1 a month for quarters, and for rations they pay the same as Army nurses, 60 cents a day.

Appointment by the Army comes only after the applicants have passed the standard medical examination. When the women are assigned for overseas duty they are immunized and equipped with the full accouterments for combat areas, such as tin hats, gas masks and other protective equipment. They wear Red Cross brassards and enjoy immunity under the Red Cross Geneva Convention. They have the privilege of allotting part of their salaries to relatives at home or to a bank. As civilians they are not entitled to war risk insurance, and they must provide their own uniforms.

All medical technological duties in overseas hospitals not assigned to women are being filled by soldiers trained as dental mechanics, pharmacists and laboratory technicians capable of performing duties in chemistry, bacteriology and x-ray. While confined to the comparative quiet of a laboratory, they have the satisfaction of knowing that they are playing a major role in the maintenance of the health of their fellow service men. Male technologists are also eligible for enlistment in the Naval Reserve as petty officers.

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12 Mildly Seasoned, Highly Nutritive Junior Foods—Chopped Food Combinations Prepared To Carefully Formulated Recipes and Designed For Strained-Food Graduates

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HEINZ Baby Foods

57

THESE TWO SEALS MEAN PROTECTION FOR BABY

DOCTORS IN A NATION AT WAR

(*Continued from page 909*)

of our selectees that we are a nation of physical weaklings. Is the American recruit of today as good a man physically as were his father, grandfather and great grandfather in previous wars? Is it true that one third of our prospective soldiers had to be rejected because of defects in nutrition? How does the American recruit compare with the fighters of our allies and the soldiers of the Axis? If every nation measured its fighters with the same yardstick, the comparisons would be simple. Actually, however, no two nations measure their soldiers by the same standards. We do not measure the soldiers of World War II as we measured those of World War I and the Civil War.

A few simple measurements are obviously the same under all standards. Thus we know that the average height of the American soldier in the Civil War and in World War I and World War II is 5 feet 7½ inches. In the Civil War he weighed 136 pounds; in World War I he weighed 142 pounds; the soldier of today averages 150 pounds. The proponents of new schemes for improving physical fitness tell us that the average recruit is a flabby soldier. They insist that the coming of the machine age with the motor car, the elevator, the tractor, the crane and all the other machines that substitute steam, air, gas or electric power for muscle has given us an individual incapable of withstanding the rigors of war. Yet by every possible functional test of endurance, the boys of today stand up as well as did those of previous generations.

After the Selective Service Act was passed, distinguished committees of medical experts met with military authorities to establish the standards by which young men would be accepted or rejected by the local draft board—the same standards, incidentally, which guide the Army induction boards. The Army induction boards are rejecting young men after they have been passed by the local board examiners even though the same procedure is used for measurement. The difference lies in the approach to the problem. It is the purpose of the local draft board examiner to pass every man who is suitable for the Army. He must make certain that no likely man is denied the privilege of appearing before an induction board. The specialists who do the examining for the induction boards put their emphasis on the protection of the Army against men who are likely to break down in the service, and protection of the taxpayers against the expense involved in carrying such men on the pension rolls all the subsequent years of their lives.

Of the first 2,000,000 men examined, about 900,000 were rejected because of physical defects, and 100,000 were rejected because of illiteracy. Illiteracy by Army standards means that the man concerned has not achieved an education equivalent to the fourth grade in our public schools. This, perhaps, is more shameful for the nation than any amount of physical defect! Of the 900,000 men who were rejected because of physical defects, 188,000, or 20 per cent, were rejected because of dental defects. This is the first war in the history of the United States in which a definite standard has prevailed for the teeth. No other army in the world has ever had such a standard.

THE HEALTH OF OUR ARMY

The death and morbidity rates for our Army in training are the lowest ever achieved by any army of comparable size in the world. The death rate for the United States Army for the year ending June 30, 1941, was 2.7 per 1,000; for the previous year the rate was 3.1. *The death rate among male civilians for the same ages was about* 8.7! The leading cause of death in both the Army and Navy was automobile accidents! Moreover, surgeons at Pearl Harbor for both the Army and the Navy have said that the physical state of the recruits was of vital importance in the high percentage of recoveries from serious wounds, burns and injuries, even when full allowance is given for the benefits of plasma transfusions and the administration of the sulfonamide drugs.

Less than 1 per cent of the men examined were rejected because of being underweight. Moreover, the nutrition of our recruits is maintained with a scientifically chosen diet that provides at least 4,500 calories of food per day, with 70 grams of protein and adequate amounts of all of the necessary mineral salts and vitamins.

By the well designed plans of the Selective Service and the Army and Navy Medical Departments and by the scientifically organized services for standardizing nutrition and medical care, men of the highest possible physical fitness have been chosen, and every possible means necessary to maintain physical fitness is provided.

THE SUPPLY OF DOCTORS

Foremost among all the other problems affecting the medical profession and the health of our people is the supply of doctors. The Committee on Medical Preparedness of the American Medical Association, the Health and Medical Committee in the Office of Defense Health and Welfare and later the Procurement and Assignment Service of Physicians, Dentists and Veterinarians have been devoting themselves seriously to this problem since June 1940, or from the time each of these agencies was created.

Means were found by cooperation with the Selective Service System to retain in medical schools all properly qualified medical students and indeed to reserve those men in the universities who were rated as premedical students. Now, premedical students in universities and colleges with acceptable standards may be enlisted in the Enlisted Reserve Corps, United States Army Medical Department, under the preinduction training plan, by passing a qualifying examination. On graduation from the premedical course, members of the Enlisted Reserve Corps may, on application, be discharged from their enlistment and commissioned as second lieutenant, Medical Administrative Corps, Army of the United States, when they have matriculated in an accredited school of medicine and can produce the certificate of the dean of

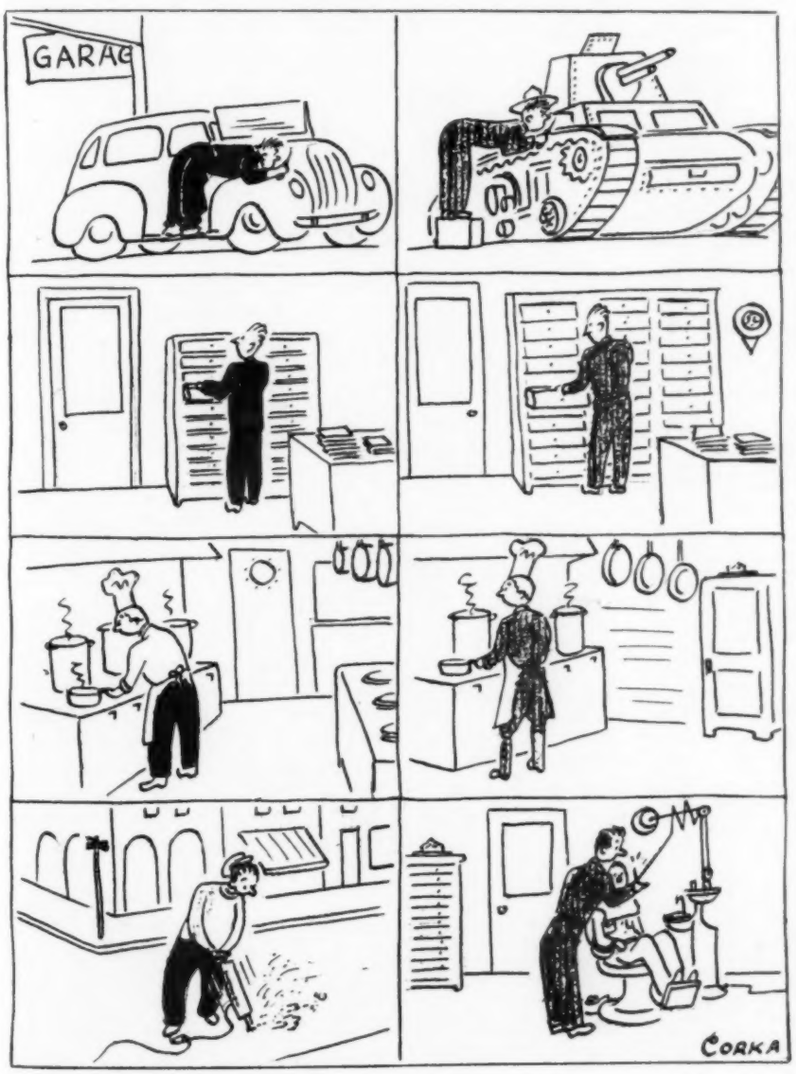
the school to that effect. This commission may be held in force throughout the period of medical education—as long as the student makes a satisfactory record. During the last year of his course of instruction in medicine he may apply for a commission as first lieutenant in the Medical Corps of the Army of the United States, and on certification of the dean, three months prior to the date of his graduation, that he is expected to graduate, such a young man is granted a commission. Then he is permitted to continue an internship of twelve months' duration which must commence immediately after graduation. Following the completion of his internship he becomes available at once to the United States Army Medical Department as a commissioned medical officer.

The Navy, too, is enlisting first and second year premedical and predental students in class V-1 of the United States Naval Reserve. On completion of their second year and on acceptance for admission to an accredited medical or dental school they become eligible for appointment to class H-V (P) United States Naval Reserve. Should a young man fail to qualify in medicine or dentistry, he will still retain his reserve status as an enlisted man in the Navy and be eligible to serve at once in that organization. Thus the Navy also is being assured of an adequate supply of competent medical officers coming continuously from our medical schools.

INDUSTRY AND THE WAR

The problem of keeping men at work physically fit in wartime is just as important as the maintenance of men in the armed forces. One of our greatest problems has been the building of industrial medicine to a point which will control the health of the workers at its peak. In our country from 85 to 90 per cent of all industrial medicine has been carried on by general practitioners who give part of their time to the aid of workers in industrial plants. The remainder of the care of the workers is in the hands of specialists in the field of industrial medicine. Industrial medicine involves examination of the worker prior to employment, a study of his nutrition and his habits of life, and control of his exposure to health hazards in the plant. It may involve a study of the worker's home and the manner in which work is carried on in the home. As great numbers of women come into our expanding industries, their problems must be given special consideration, because many of them have been attempting to do two jobs—one in the home and one in the factory.

American medicine today is undertaking a program of education to expand the 1,500 qualified specialists in industrial medicine to at least 10,000 doctors capable of giving the kind of attention that must be given to the care of the worker in industry.



THE CARE OF OUR CIVILIAN POPULATION

There are in the United States today about 180,000 doctors, of whom 158,000 are actually engaged in the practice of medicine. These men, and principally those under 37 years of age, must provide the officers for our fighting forces. Some will not be available because they are engaged in essential occupations, such as teaching in the medical schools, servicing our thousands of hospitals, taking care of the workers in industry and taking care of our civilian population.

The big problem that remains is assurance to the civilian population that they will have adequate medical care during the war and also that physicians will be provided for new industrial areas around ordnance plants and similar war industries where many thousands of workers have assembled without adequate housing, sanitation, hospitals or medical services.

To this problem several agencies are now giving their attention. It has engaged the earnest consideration of the War Manpower Com-

(Continued on page 957)

What flavor has a vitamin?

WE DON'T KNOW the flavor of a vitamin . . . but we do know that flavor and food value generally go hand in hand in cooked foods.

This means that when food is prepared so that its flavor is retained, the chances are that most of its vitamins and minerals have been retained, as well. The most *nutritious* food is usually the most *delicious* food . . . especially as regards vegetables.

This is cheering information. It is also a challenge to every person who cooks a meal, either for herself or for others. Unskillful cooking can be responsible for flat-tasting, unappetizing meals . . . and for the loss of valuable minerals and vitamins.

Good cooking can make even the most inexpensive foods into appetizing, nourishing dishes. Variety may be obtained by combining them with other foods, and by using tasty sauces and garnishes. Modern cook books, magazines and radio programs offer many suggestions.

Here are some suggestions for conserving vitamins—and flavor!—in the meals you serve your family.

Suggestions for saving vitamins

►In cooking vegetables, it is best to raise the temperature to the boiling point as rapidly as possible. Heat may then be lowered.

►Stirring air into foods while they are cooking causes vitamin destruction.

►Foods should not be put through a sieve while still hot.

►When cooking, use as little water as possible.

►The water used in cooking and from canned vegetables is valuable for soups, sauces, gravies.

►Chopped fruits and vegetables should be prepared just before serving.

►Start cooking frozen foods while they are still frozen.

►Frozen foods which are to be served raw should be used immediately after thawing.

Additional suggestions and information about the nutritive value of various foods can be found in Metropolitan's free pamphlet, "Your Food—How does it rate for Health?" We will gladly send you a copy.

• • •

This advertisement is published in the interest of the National Nutrition Program of the Federal Security Administration.

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(A MUTUAL COMPANY)

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Please send me a copy of your pamphlet, 122-Z, "Your Food—How does it rate for Health?"

Name_____

Street_____

City_____ State_____

Letters from Readers

(Continued from page 888)

be delayed, it would be a favor to us and perhaps a convenience to your readers if you would mention that the book is now obtainable from us. THE VIKING PRESS, INC.

18 East 48th Street
New York City

Sex Education

To the Editor:

I have read with interest the article in the current HYGEIA (*"Sex Education in High School," by Mary M. Kelso, October 1942*) and also the account of the Hygiene and Home Nursing Classes. I should like very much to obtain some literature about such a course, as we are interested in starting one here. D. M. ALLEN

The Edison Institute
Detroit, Mich.

To the Editor:

The article in HYGEIA is stimulating and interesting not only to most of us who are trying to do school nursing work but to persons planning for progress in senior high school. Would it be asking too much for an outline of this work, including subject matter?

LOVA C. DUNHAM

Senior High School
San Bernardino, Calif.

To the Editor:

I have read with interest the article in HYGEIA. We are gathering material here in connection with a study of curriculum materials for the various grades. It would be most helpful indeed if we could have an opportunity to examine the syllabus . . . and see a copy of the reading list referred to.

ROY E. DICKERSON

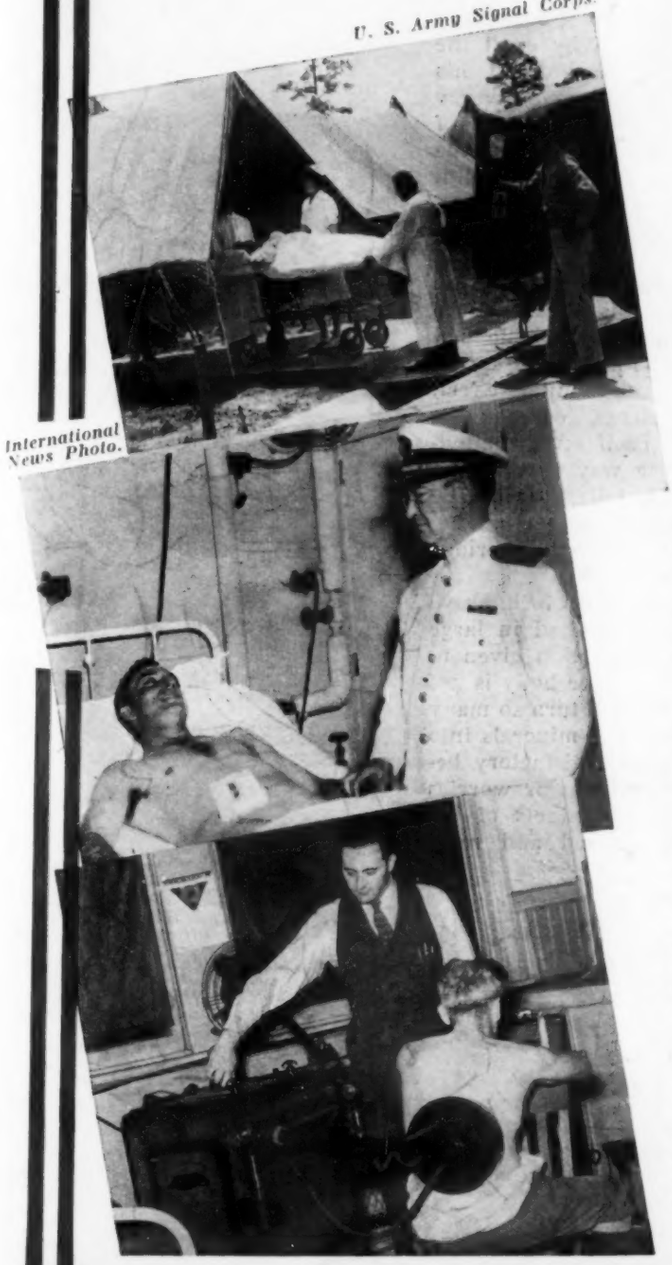
Cincinnati Social Hygiene Society
Cincinnati, Ohio

The readers whose letters are quoted here and many others who wrote to HYGEIA *or directly to Miss Kelso will find further information about her course in hygiene and home nursing in the article, "Preparation for Living," which appears on page 912 of this issue.*—ED.

VIVID RADIO DRAMA

"DOCTORS AT WAR"

BOOK III OF "DOCTORS AT WORK"



U. S. Army Signal Corps.

International News Photo.

Presented by
American Medical Association
and
National Broadcasting Company
in official cooperation with
United States Army
Medical Department
United States Navy
Bureau of Medicine and Surgery

Your Doctor

IN THE ARMY

DOCTORS AT WAR will show the life of the army surgeon as he cares for the troops, supervises army sanitation and the army mess, and advises the commanding officer on military matters relating to medicine and the health of the troops.

IN THE NAVY

Thousands of doctors until recently practicing in civil life now serve the Navy, the Marines and the Coast Guard. DOCTORS AT WAR will show how the lives and health of the men in the navy are safeguarded by medical officers ashore and afloat.

IN INDUSTRY

In a war of production, the health of the industrial worker is as important as that of the fighting man. Doctors in industry are as truly DOCTORS AT WAR as if they were members of the fighting forces. Preservation of life and health among millions of war workers will be portrayed.

AT HOME

In total war, the home front is a fighting front. Maintenance of health and morale at home constitutes direct support of fighting forces in the field. Doctors at home will be truly DOCTORS AT WAR as they labor to preserve the health of the home folks.

COAST TO COAST NBC Saturdays, 5:00 p. m. EWT
26 weeks, beginning December 26, 1942
See local radio calendar for station announcement

WHISTLE WHILE YOU EAT!

By

NINA RIDENOUR

and

EDITH WILLIAMS

Condensed from a pamphlet distributed by the New York City Committee on Mental Hygiene

WHY does the young lover lose his appetite? Why can't the worried business man digest his lunch? Neither love nor worry reduces the physiologic needs of the body; neither modifies the chemical content of the food. But nutrition is not merely a matter of physiologic needs and correct foods. Emotions affect eating and digestion at every stage of the process. The angry person is not apt to be hungry; a quarrel at the table will kill an appetite with startling speed. Strong fear has a similar effect. Constant fearfulness, or anxiety, does not force itself on the attention in the same way that a sudden fear does, but its interference with nutrition is more serious because it continues over long periods of time.

The success of efforts to improve eating habits will depend in large part on the consideration given to emotional factors. The body is not a machine which will turn so many units of vitamins and minerals into equivalent units of satisfactory behavior. Loves or hates or worries may counteract the effects of the most carefully devised and regu-

Are You Acquainted with THESE TASTY VARIETY MEATS and Their High Nutritional Value?

They are not included in the "Share the Meat" Restrictions

IF YOU are not as yet familiar with the many excellent "main dishes" that are so easily prepared with variety meats, there is many a pleasurable treat in store for you and your family.

Variety meats are NOT included in the group of kinds and cuts restricted under the government's "share the meat" program, and their list is quite imposing: liver, kidney, sweetbreads, brains, heart, tongue, and a number of others.

Their nutritional value is high. As the chart shows, in 3½ oz. servings they contribute a goodly percentage of the daily requirements of protein and of many essential vitamins.

For instance, a serving of liver (whether beef, calf, pork, or lamb) provides two to three times the total daily need of vitamin A, one-fifth of the thiamine (B_1), all that you need of riboflavin and virtually all you need of niacin. A serving of sweetbreads will give you one-third of your daily protein requirement, and two-thirds of your vitamin C needs.

By serving one or more variety meat dishes each week, you can round out your meat supply and make a welcome and appreciated change in your menus, and a valuable contribution to the better nutrition of your family.

Remember, these variety meats are usually plentiful, they are comparatively reasonable in price, and they are easily prepared in many appealing, appetizing ways.

ESSENTIAL NUTRIENTS IN VARIETY MEATS

(Per 3½ oz. of Fresh Substance)

Nutrient and Daily Requirement*	LIVER (average all kinds)	KIDNEYS	SWEET-BREADS	BRAINS	HEART	TONGUE
PROTEIN (60 to 70 Grams)	20 Gm.	15 Gm.	20 Gm.†	10 Gm.	17 Gm.	19 Gm.
VITAMIN A 5000 U.S.P. Units	12,500 Units	1000 Units				
VITAMIN D Not established for adults	45 Units					
VITAMIN C 75 milligrams	35 mg.	14 mg.	47 mg.	14 mg.		
VITAMIN B_1 (Thiamine) 1.8 milligrams	0.457 mg.	0.40 mg.		0.25 mg.	0.68 mg.	0.28 mg.
VITAMIN B_2 (Riboflavin) 2.7 milligrams	2.9 mg.	2.0 mg.		0.3 mg.	0.9 mg.	0.2 mg.
NIACIN 18 milligrams	15.6 mg.	10.0 mg.		6.0 mg.	7.0 mg.	6.2 mg.

* *According to Committee on Food and Nutrition, National Research Council.*
† *Cooked*

ACCEPTED AMERICAN MEDICAL ASSN

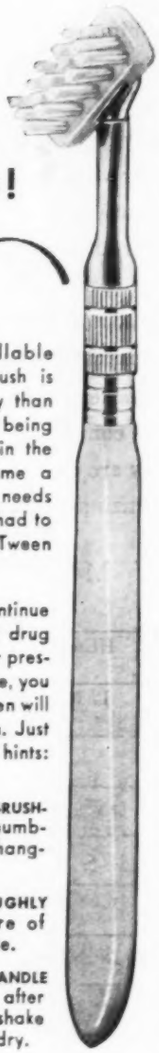
The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute
CHICAGO

Notice—
TO OWNERS
OF THE WORLD'S
FINEST TOOTHBRUSH

You Can Still Get
REFILLS APLENTY
but . . .

NO
MORE
HANDLES!



Your adjustable, refillable Clean-Be-Tween Toothbrush is worth more to you today than ever. For, in addition to being the most efficient brush in the world, it has now become a *rarity* as well. Due to war needs for nickel silver, we have had to stop making Clean-Be-Tween *handles* temporarily.

Refills, however, will continue to be on sale at leading drug stores. So, if you give your present handle reasonable care, you can be sure Clean-Be-Tween will serve you for the duration. Just heed these three simple hints:

NEVER "FORCE" BRUSH-HEAD. Loosen thumb-screw when changing refills.

RINSE THOROUGHLY under pressure of faucet after use.

DON'T KNOCK HANDLE against basin after using. Simply shake gently and let dry.

CLEAN-BE-TWEEN
TRADE MARK

The Only Adjustable—Refillable Toothbrush

OVER 1,250,000 ALREADY BOUGHT
PRIMARILY ON THE ADVICE OF DENTISTS

lated diet; pleasurable emotions may also increase the healthful benefits of whatever food is eaten. Interest in health improvement must go hand in hand with an appreciation of the way in which emotions affect nutrition. A proper understanding of the relation between emotion and nutrition may be used to further both physical and emotional health. A balanced diet alone will not make a balanced personality.

Emotional attitudes affect nutrition most obviously when they interfere with eating itself. This interference may range from a poor appetite to complete refusal of food; in its milder forms it is a common occurrence. Loss of appetite may be the first symptom of poor adjustment, both in children and adults.

Persons who eat with pleasure and for pleasure, provided the food furnishes the essentials for good nutrition, are likely to thrive better than persons whose chief concern is to eat what is good for them. Especially with children, it is a far-sighted policy to cultivate a healthy appetite and enjoyment of food, even though sometimes this may temporarily require the sacrifice of some balance in the diet.

Unpleasant emotional experiences may also interfere with the digestion of whatever food is eaten because of the close connection between emotional feelings and the secretion and flow of digestive juices. Extreme fear or anger brings acute stomach upsets, while the chronic worrier often has chronic "stomach trouble." The relation between anxiety and stomach ulcers is well known. It is a matter of common observation that food which is enjoyed is more easily digested than food which is not enjoyed.

The attractive appearance of food and its surroundings plays some part in giving a good start to the digestive process, but even more important is a cheerful and relaxed emotional atmosphere. When the table becomes a place for constant correction and admonition, the child is not the only person whose digestion is affected: the nagger suffers along with the nagged. Mealtimes should be pleasant times. It often relieves tensions all around for the child to eat away from the adult table at least part of the time.

Ideally, for adults as well as children, eating should always be a pleasure-giving experience, good in itself as well as good for our health. Indeed it must appeal to us if it is to do the maximum good.

The relationship between emotion and nutrition is not a one-sided relationship. Deficiencies in diet may contribute to or cause nervous diseases. The milder cases of "nervousness" and emotional instability which can be related to inadequate diets are not so evident or so striking, but they are far more widespread. Sometimes part of the restlessness and mischievousness of children can be traced to poor diet. This can be seen in cases which have been improved by a change in diet. It does not follow that all behavior problems, child or adult, can be solved in this way, but one thing which can be done to help prevent their development is to insure a balanced and adequate diet.

The way in which nutrition information is presented has at times encouraged the mistake of forcing food. The people who interpret nutrition—doctors, nurses, nutritionists, teachers—have sometimes been flat and positive in their statements: "You must eat this and this and this every day." Conscientious mothers—who may completely disregard nutrition teaching where their own diet is concerned—try to have their children eat the recommended foods in the recommended quantities. The children rebel; the mothers insist. Actually, they may create psychologic problems which offset the values of a well planned diet.

When children reach adolescence their food problems do not disappear. Indeed new ones may develop. Adolescence is sometimes a period of excessive overeating. Or it may be a time of extreme undereating, or of craving for one type of food, such as sweets, which is eaten to the exclusion of other food.

Many factors may complicate eating during this period. Growth is often rapid. Adolescents worry about their bodies. Emotional disturbances often become more acute, with effects on eating and digestion. Any poor food habits previously developed may recur or become intensified with the additional emotional strain. Revolt against a strictly controlled diet may be one

part of the attempt to break away from the parental control associated with childhood. Likes and dislikes may also be more marked. Emotional factors are of primary importance in adolescent development and will defeat any nutrition program which does not take them into consideration.

Some older adults of today grew up before the development of recent knowledge about foods and the food needs of the body. They already have emotional associations with food and with eating. Many of their established attitudes interfere with their acceptance of dietary information. It will be constructive for adults to try to understand how their attitudes and habits have developed and how they operate to prevent the acceptance of nutrition teaching.

Why do we have such strong dislikes of particular foods? The same dishes are quite evidently enjoyable to other people. Is it because they were connected with unhappiness in our childhood? Do we reject the advice of food experts as applied to ourselves because we feel sure that they approve only foods we dislike and disapprove all the things we like? Some of the most successful programs are those that pay most attention to individual differences and emotional factors in eating. The work of nutritionists becomes increasingly effective as they recognize the psychologic factors that must be taken into account in teaching nutrition, and as they help others to understand their own attitudes.

Actually, the requirements of adequate diets are neither complicated nor unpleasant. Necessary modifications can be made without spoiling the enjoyment of eating because of the variety of foods available to fill each requirement. If we are to meet the increasingly difficult life of today with strength and courage and calmness, we must value and want good health, which is a necessary basis for all these qualities, enough to spend at least a little thought and care on the food we eat. The diet has no importance in itself. Its great importance comes from the fact that it contributes to these qualities we want and need in our lives.

The complete pamphlet from which this article is condensed may be obtained for 10 cents from the New York City Committee on Mental Hygiene, 105 E. 22nd St., New York City.—Ed.

Plenty of Good Enriched White Bread for all

To fight this tough war—to feed our armed forces—to nourish our war workers—to sustain our civilian population—

Bread, and the golden grain that makes it, are plentiful in this land of ours.

Today about 75 per cent of all baker's white bread is enriched with vitamins and minerals natural to whole wheat—thiamine, niacin, iron.

Soon all, or most, of our bread will be enriched. At the Bakers' War Conference in Chicago on October 20 and 21, a resolution was adopted recommending the enrichment of *all* bread.

Bakers are, however, faced with difficulties in obtaining sufficient dry milk solids, shortening, and other ingredients required to maintain the dietary integrity of bread.

Despite all such difficulties, and with every intention to cooperate fully with our wartime restrictions, bakers are determined not only to maintain but to improve the quality of American bread.

Department of Nutrition

American Institute of Baking

10 ROCKEFELLER PLAZA, NEW YORK, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN

Please send me your literature on "Enriched White Bread."

Name.....

Street.....

City..... *State*.....

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TREE-RIPE
ORANGES AND GRAPEFRUIT YIELD THEIR ESSENCE FOR
D. Phillips
PURE FRUIT JUICES
Grapefruit; Orange; Blended Orange and Grapefruit provide Vitamins A and B with an abundance of
VITAMIN C plus DEXTROSE Food-Energy Sugar
DR. P. PHILLIPS CANNING CO., ORLANDO, FLA.

Highest Quality Purity Strength
DIAL BAKING SODA
5¢ 1-lb. pkg.
Accepted A.M.A. Council on Foods

DURKEE'S DOUBLE FLAVOR VEGETABLE MARGARINE
• Made by a new process that whips the goodness of the pure, pasteurized fat-free milk and wholesome vegetable oils right into the product.
FOR COOKING, BAKING, FRYING, SPREAD FOR BREAD
DURKEE FAMOUS FOODS, Chicago, Ill., Norwalk, O.

THIS TOMATO JUICE IS NEVER THIN OR WATERY
High retention of nutritional values because made by patented process. The Sun-Rayed Co., Frankfort, Indiana.

America's Favorites
WHITE STAR TUNA FISH
Chicken of the Sea FANCY TUNA

WATCH YOUR DIET
An article for the normal-weights—with valuable information also for the too-fats and the too-thins.
By E. M. Geraghty. 8 pages. 10 cents.

NERVES AND INDIGESTION
By Walter Alvarez. 4 pages. 5 cents.

THE "COMPATIBLE EATING FAD"
By Clarence W. Lieb. Prevalent dietary delusions debunked. 4 pages. 5 cents.

HOW TO GAIN WEIGHT
By Laura A. Miller. Advice to the underweights. 8 pages. 10 cents.

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street • Chicago

Pack a Lunch a Man Can Work On!

(Continued from page 901)

stories over and over went the assurance that the Plan aims to make soldiers of industry healthier and happier. In one story Dr. Howard countered protests of dictatorship with this statement:

"This is America. Any individual here has the right to remain below par physically if he wants to, providing that, in doing so, he does not jeopardize the lives of others. But the man next door has a right, too. He is entitled to use the knowledge which brilliant scientists have got together for the sole purpose of making him a healthier and therefore a happier person. This is the man we want to help through the Plan."

A letter from Mrs. Franklin D. Roosevelt, praising the Plan and assuring women of Bridgeport that providing health-giving food for workers is one of the most important jobs women can do, was run on page one of the *Post*.

A survey of workers' lunch habits was scheduled to start on a Monday. To pave the way for it, on the preceding Sunday pastors in various churches announced the survey to their congregations; in Hungarian, Swedish, Ukranian, the word went out to women from men they trusted. On that same day the first Kitchen Soldier was introduced in the *Post*. Women were told that each week a different woman would be chosen from among them "to share with you her experiences in packing good lunches." The Kitchen Soldier, who might be Polish or Hungarian or Italian, would agree only to modify the lunches she packed to include every day milk, meat (or eggs, fish or cheese), bread (whole wheat or enriched), vegetables, fruit. An ample supply of paper cups and containers with lids was guaranteed so that women could easily pack fresh vegetable and fruit salads and milk puddings. All menus were to be discussed by Miss Helen L. Clark, County Chairman of the Committee on Nutrition in Defense. Thus, Dr. Howard said, "This Plan becomes your Plan. All of you—once you have agreed that the men who are turning out war weapons deserve the best food that can be given them—will help each other with suggestions for packing better lunches." Survey directors on a radio broadcast the morning the survey started assured listeners that "If any conditions are found through the survey which might prevent your men from getting healthful lunches every attempt will be made to see that these conditions are corrected."

The results of this barrage of propaganda were immediately evident. Less than a week had elapsed since the first reports of antagonism reached leaders; yet when interviewers began ringing doorbells for the survey they were warmly welcomed. Many housewives opened doors remarking, "We're expecting you," or "Oh, yes! This is what Mrs. Roosevelt said we should do." Housewives were already beginning to *think* about food in relation to health. At an informal gathering of the interviewers a week later to learn the reactions of the people, interviewers reported that housewives had made demands like these:

"Why can't men have tomato juice to drink in the plants instead of soft drinks? Just think of all the vitamins they'd get at the end of a day!"

"There ought to be some one who knows about food in charge of cafeterias at plants."

"There ought to be longer lunch periods. Fifteen minutes isn't enough."

These unprompted demands tallied precisely with recommendations made by the Committee on Nutrition in Industry for industrial feeding programs—recommendations which some had despaired of setting into action! Listening, Dr. Elmer Alpert, representative of the Committee, could only shake his head in wonder. "These women," he murmured, "are simply amazing!"

Results of the survey are now being analyzed by Dr. L. A. Maynard, director of the School of Nutrition at Cornell University.

The statistics show that of 858 women interviewed, 817 packed one or more lunches for war workers. One-half the women pack beverages, and 50 per cent of the time it is coffee; only 276 women include fresh vegetables in lunches, and only one-fourth make sandwiches of whole wheat or enriched bread. These figures clearly show the present inadequacy of packed lunches for war workers.

Meanwhile the promise to help women pack strength-giving lunches was being carried out. Through the Kitchen Soldier series, information about nutrition was woven into facts about food. One Kitchen Soldier is praised by Miss Clark for the salad of carrots, apples and celery, and the dried lima beans, baked with ham or bacon, which she packs in paper containers. "Carrots," says Miss Clark, "are indeed gold in food value, and dried beans are body builders, having protein, vitamin B_1, iron and other food values." A Ukranian Kitchen Soldier adds a dash of culinary artistry in making a liver loaf suggested by Miss Clark in an effort to get women to use more liver, and neighbors, sampling it, beg to know "How?" Another Kitchen Soldier is reminded that she forgot to include milk in some of her lunches. Suggesting a creamy butter-scotch pudding or cream of tomato soup for the next day's lunch, Miss Clark tells why the importance of milk cannot be overemphasized.

In classes conducted by Miss Betty Stafford, instructor for the nutrition subcommittee of the Civilian Defense Council, volunteers, many of them graduates of Red Cross or Civilian Defense Council nutrition courses, were taught to serve as instructors in planning and packing lunches. By the time their four session course was completed, a long list of engagements requested by clubs throughout the city awaited them. Here the spirit of the Plan is sustained; demagoguery is out, and emphasis is on helping women solve practical problems like: "What shall we put in the lunch boxes?" and "How can we save time?" Instructors launch quickly into such hints, unsnapping a lunch box and showing neat paper containers filled with intriguing foods packed inside.

"I know you'll say your husband simply won't eat salads." This is Mrs. L. A. Martin, one of the instructors, smilingly opening a class. "But why don't you try tucking one into his lunch box? You see how easily it can be carried in this paper container with the tight-fitting lid! If stored in the refrigerator overnight it will be crisp and cool when he's ready to eat it. Try it just once—you may be surprised! And here's another idea. A lot of women tell me their men won't stop to peel an orange at work. Well, peel it yourself, then—put the slices in a paper container. For a special treat, pour a creamy, rich custard sauce over the orange slices. That's one way of giving your man the milk he needs—especially good if he doesn't like to drink milk."

Invariably such hints get women into what educators call a "learning mood." In a moment, women are buzzing experiences to neighbors, pelting instructors with questions. This response pattern is the same whether the instructor's remarks are being translated into Yiddish, Ukranian or Hungarian. It is accurately described by Mrs. Rex Beisel, an instructor, who says, "The most enthusiasm comes when we show them how many desserts, such as custards, tapioca or stewed fruits, can be easily carried in the lunch box by packing them in paper containers with tight-fitting covers."

The Plan has been widely noticed. From cities all over the country come requests such as this: "We have a problem with our war workers. We are selfish enough to want to profit from your experience. Please help us set up a program similar to yours." In colleges the Plan is being studied by sociology and nutrition students. National leaders have urged its adoption on a nationwide scale.

In Bridgeport, the Plan is now in the throes of expansion. This city,

THOUGHT ON VITAMINS

How do the little vitamins know
In what things edible to grow?
What subterraneous instinct weans
Them out of subsoil into beans?
What aqueous intuitions prod
The one called "D" to choose the cod?
And if they are so gosh-dang clever,
Why don't they try and stick together?

—Virginia Brasier

GIVE YOUR CHILD
EXTRA IRON
IN THESE
DELICIOUS FOODS

MOLASSES COOKIES and BRER RABBIT MILK SHAKE

A delicious combination! For the milk shake, mix one tablespoon Brer Rabbit Molasses with a glass of milk.

BRER RABBIT GINGERBREAD—Make it often! Children love this delicious way to get extra iron.

IT'S A WISE MOTHER who gives her child Brer Rabbit Molasses daily. For Brer Rabbit is a treat that children adore . . . and also rich in iron the body can use.

Scientific tests have shown Brer Rabbit second only to liver as a rich food source of iron. Three tablespoons supply about a third of a child's minimum daily iron requirements.

Start serving Brer Rabbit Molasses today—on cereal, as a spread for bread, in gingerbread and cookies.

BRER RABBIT MOLASSES comes in two flavors: Gold Label, light and mild-flavored; Green Label, dark and full-flavored.

FREE SUGAR-SAVING RECIPES!

PENICK & FORD, LTD., INC., New Orleans, La. Dept. HF-12-2

Please send me—free—Brer Rabbit's special new collection of sugar-saving recipes. Also "Modern Recipes for Modern Living," containing 116 recipes.

Name_____
(Print name and address)

Address_____

YOU, YOURSELF, may have stopped drinking coffee long ago. If so, you probably *know* what a delightful drink Postum is.

But if you're just starting to give up coffee . . . still struggling with the temptation to drink it once in a while . . . you really should try a delicious, cheery cup of Postum. For Postum has such a distinctive flavor—not like coffee, but so rich, full-bodied and satisfying that it makes giving up coffee comparatively easy.

Postum contains no caffein, no stimulant of any kind. It is simply whole wheat and bran, roasted and slightly sweetened. An ideal drink for the whole family. And economical, too. Postum costs less than half a cent a cup. A product of General Foods.

ASK YOUR DOCTOR ABOUT POSTUM

P. S. Listen to The Aldrich Family, Thursday Nights—NBC Network

first in the land to rouse itself to the importance of nutrition, will become a proving ground for all the recommendations of the Committee on Nutrition in Industry for industrial feeding programs. A survey of existing feeding facilities, including plant cafeterias, mobile units and restaurants, has been begun by Dr. Alpert. The packed lunch, however, will continue to hold the spotlight. Officials recommend that education centering on it should always serve to open such campaigns, since it provides a focus that is unique in its human, personal appeal.

Today in Bridgeport you can see husky workers foregoing sandwiches to munch delightedly on raw carrot sticks. You can hear workers exclaiming, as they eat crunchy salads from paper containers, "Boy, I never knew salads could fill you up, but I'm stuffed these days! Eat less sandwiches, too. And sure have more pep!" You can hear Kitchen Soldiers reporting that they must pack more raw vegetables in lunches, "Because all the other men working near my son want them, too." You can hear women calling the *Post*, clamoring to be Kitchen Soldiers.

You can see a city of foreigners who are being educated in nutrition—to them, simply food that they are told will make them stronger, healthier and happier. You can, in short, see democracy at work!

Psoriasis

(Continued from page 903)

ates the necessity of using ointments on the scalp and other parts of the body. However, it should be used sparingly and judiciously in psoriasis and then only by a qualified physician.

A diet rich in vegetables and low in proteins and fats is beneficial in some cases of psoriasis. Vitamins in large doses are beneficial to some patients, especially vitamins A, C and D. Adequate doses of Vitamin B_1 or thiamin chloride in combination with a low fat diet have been followed by encouraging results and have helped in preventing severe recurrences of the disease.

EVENING SONG

Oh, give me a tub for my evening scrub,
And a peaceful and pensive hour
When I can brood in a musing mood—
For who can dream in a shower?

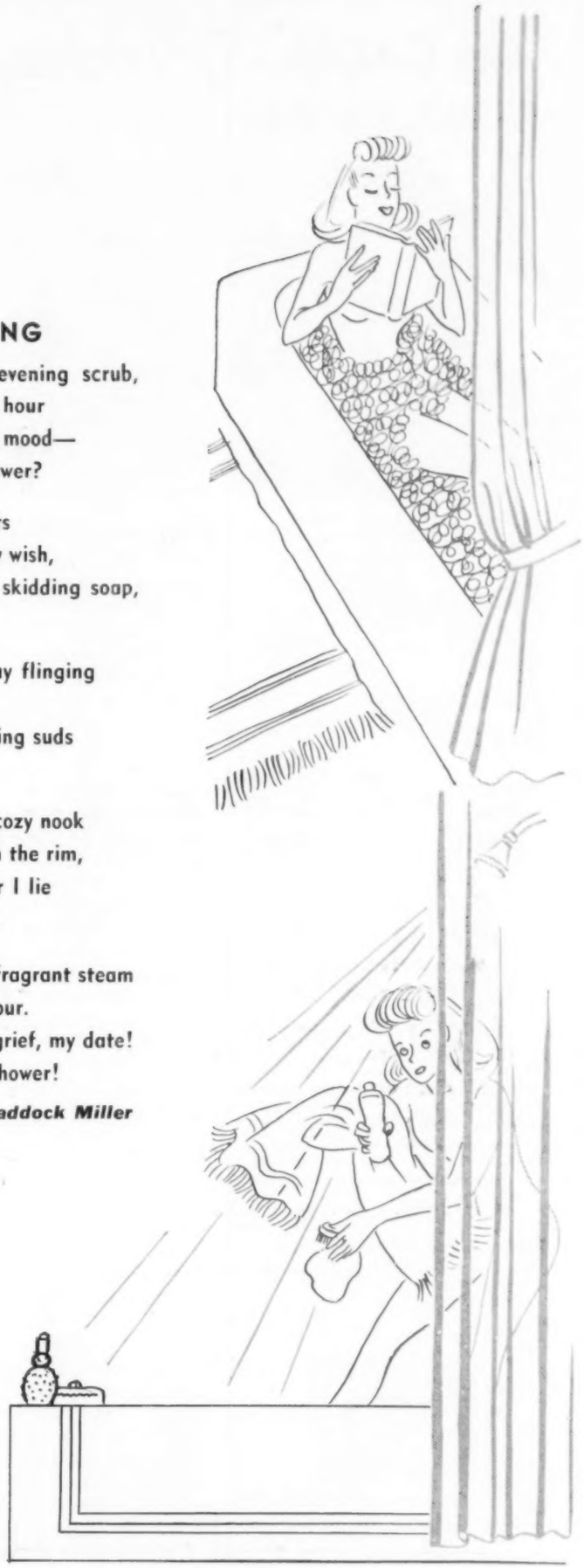
Acrobats on their slippery mats
May gyrate and lunge if they wish,
As they blindly grope for the skidding soap,
But I crave a blander dish!

I want no stinging needle spray flinging
Its jets at a cringing me;
I'll doff my duds for the soothing suds
And float in reverie.

Or perhaps take a book to my cozy nook
Where, propping my head on the rim,
I'll soak and sigh as at anchor I lie
In an eau-de-colognéd swim.

Let me doze and dream in the fragrant steam
For the space of a pensive hour.
What? Almost eight? Good grief, my date!
I *do* hope there's time for a shower!

Grace Maddock Miller

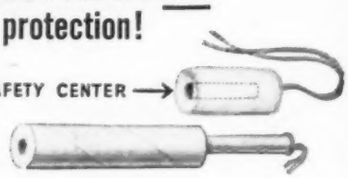


This tampon was really your idea!

Women have *always* longed for the kind of freedom internal protection makes possible today. That's why tampons were first made. But it was because modern-minded women like you wanted a *better* tampon—that Meds were made. Yes, *this* tampon was *your* idea because . . .

You wanted real protection!

SAFETY CENTER →



That means *quick, sure* absorption! So Meds designed an exclusive "safety center" feature—to make absorption *fast* and *sure!* Meds—made of finest, pure cotton—hold more than 300% of their weight in moisture!

...combined with comfort!

Meds were scientifically designed—by a woman's doctor. So comfortable, you hardly know you're wearing them. Meds eliminate bulges, pins, odor, chafing. Each Meds comes in an individual applicator—so sanitary, so easy to use!

...at no extra cost!

Meds cost *less* than any other tampons in individual applicators! So, try Meds—the tampon designed for *you!*

BOX OF 10—25¢ • BOX OF 50—98¢

The Modess Tampon

Common Causes of Blindness

(*Continued from page 911*)

transparent forward part of the eyeball, with definite ulcers and opacities. The causative agent was long spoken of as a germ laden, filtrable virus whose ultimate character is still under consideration.

Throughout the ages the most important duty in handling trachoma has been in prevention rather than in cure, and the essence of prevention has always been absolute cleanliness of the eyes, which prevents contact with the infectious material. In certain areas this has been difficult to carry out because of the imperfect and inadequate supply of pure water for household purposes. A geographic handicap in such radiating centers for the disease as Egypt and Palestine is that these countries are surrounded largely by desert areas from which dust and sand are borne into densely populated zones. The eyes of the people are thus subjected to repeated irritations of the delicate conjunctival membranes, which are left in a vulnerable state peculiarly suited for the reception and growth of the trachoma organisms. Moreover, the situation in the past (before hygienic conditions became improved) was aggravated by the heat of those countries and in some cases by the prevalence of a superstitious aversion to fighting the flies which were instrumental in the dissemination of infection. Furthermore, during the summer months there would frequently develop epidemics of acute conjunctivitis which still further increased the state of vulnerability.

Many interesting changes have developed in the treatment of trachoma. Fifty years ago in all the medical centers of America and Europe much attention was given to surgical management, which consisted of the removal of the so-called granulations, supplemented by the use of strong astringents such as the salts of silver and copper. These heroic measures are less vigorously employed today in many places, and there has come forward instead the repeated use of milder applications. In the eye hospitals of Egypt one can see scores of unfortunate sufferers, each provided with a pan of mild antiseptic solution, washing their eyes, hour after hour, all day long. The tragedy is that this valuable process of washing could not have been started sooner, before the disease had become securely established! Although surgery in the acute stages has been largely supplanted by medical treatment, lid surgery to rectify the results of scar formation in the later stages is still a popular and efficient procedure.

It is important to differentiate between a true trachoma, with its usual corneal complications, and granulations without any definite tendency to an involvement of the eyeball; it remains for the eye surgeon to determine the exact management for each individual case.

The important internal affections of the eyes which head the list of causes leading to partial or complete loss of vision are especially significant today, since they are on the increase, while the dominant external diseases are on the decline. The reason for this is that external affections, being local and superficial, can be combated by local measures directly applied to the morbid processes, while the internal diseases like cataract and glaucoma, being systemic in their origin, tend to become more frequent and more difficult because they are of a degenerative character and are especially prominent in the later decades of life. The number of older people who have escaped the hazards of childhood and earlier life through the beneficent influence of the healing art and who are left adrift on the sea of life as victims of longevity is increasing. Thus degenerative changes may produce their disasters in growing numbers among the aged, who suffer especially from cataract and glaucoma.

Cataract is essentially a cloudiness of the crystalline lens, frequently with only slight changes in other parts of the eyes. It produces blindness by interrupting the transmission of light, so that the main problem for the surgeon is to safely and effectually remove the obstruction to the rays of light; if all goes well, the patient may expect restoration of vision. This applies to un-

New! Crisper! Delicious nut-like flavor, plus 3 Extra Benefits!

Yes, they're new—crisper, more delicious than ever! For we are making Post's 40% Bran Flakes by an improved process to make them extra crisp... to make that famous sweet-as-a-nut flavor better than ever. And Post's Bran Flakes give you these three extras:

1. They provide enough bran to help prevent constipation due to lack of bulk in the diet.

2. They supply important whole-grain nourishment of wheat—meet or exceed the thiamin, niacin, and iron levels of whole wheat.

3. Post's Bran Flakes also provide additional thiamin—50 U.S.P. units per ounce, or 15% of an adult's minimum daily requirement.

complicated cataract, in which there are no other factors to interfere with the process of healing or the normal perception of images. Moreover, the operation for cataract can usually be performed with success at any stage of the trouble; the element of time does not materially affect the result. This is fortunate, since it allows the operation to be performed under the most favorable conditions as to season, time and the state of the patient's health. It also gives ample time for the employment of various local and systemic remedies sometimes useful in retarding the process of clouding the lens; in favorable cases, these measures may succeed in postponing indefinitely an operation for cataract. Medical treatment of cataract involves improvement in the nutrition of the lens; the lack of normal nutrition is the essential factor in cataract development.

The situation is entirely different with reference to glaucoma, which is a general hardening of the eyeball with changes incident to degeneration in many parts of the eyes as the result of an increase in the pressure within the eyeball. These degenerative changes may increase rapidly as an acute process or gradually as a chronic process, and the effects may be permanent and complete or temporary and partial according to the nature of the case and the promptness with which treatment is applied. Thus the prognosis, or the final result, is influenced by the element of time as a vital factor. All the vision may be permanently lost if there is much delay in treatment, or there may be only slight impairment if the delay is slight and pressure symptoms are not of a severe type. Unfortunately, cataract and glaucoma may exist simultaneously and thus confuse the plan of treatment and the ultimate result. Cataract can be treated or operated on at any time, but glaucoma should receive prompt attention either by medical means or by surgical procedures. In glaucoma, the end to be accomplished is a reduction in the tension within the eye. If this can be effectually achieved by medical means an operation can be postponed, but in every case something should be done without any unnecessary delay, as every case of glaucoma, unrelieved, will finally end in complete and permanent blindness. These conditions therefore constitute an emergency that cannot be rationally ignored. Millions of eyes can be saved from the blindness of cataract and glaucoma, but each case requires the individual care and attention of an intelligent physician.

In the last analysis glaucoma presents one phase of a widespread general hardening, or sclerosis, which moves forward ruthlessly with advancing years in varying degrees and forms in every living thing. This aging process applies to every organism in the animal and vegetable kingdoms. In the springtime the flowers blossom forth as if the blooming would continue forever; the atmosphere is filled with the mingled sounds of bees and birds and the general activity of the animal world. But within a few months, all these manifestations of life give place to the relentless march of time with its withering, hardening influence. In human life, as in nature, the final result of degeneration is inevitable, but by proper diagnosis and care the later years of countless old people can be made more hopeful and happy through proper care resulting in prolonged use of the important function of vision.

QUESTIONS AND *Answers*

Eye Tests

To the Editor:—I have often wondered what the term 20/40, etc., in reference to eyesight means. Can you tell me, in terms of ability to read letters of a certain size from a given distance? Can you tell from a prescription what my visual acuity would be? I would also like to know what the visual acuity must be before one can be admitted to the Army and Navy.

E. W., Minnesota.

Answer.—On the chart devised many years ago by Hermann Snellen of Holland, letters approximately three eighths of an inch square should be clearly legible to the normal eye at a distance of 20 feet; letters which should be readable at 40 feet are about three fourths of an inch square. Thus the distance at which the various letters may be read becomes a measure of vision: an eye measuring 20/40 sees at 20 feet the line which should be read at 40; the 20/400 eye can see at 20 feet only the letter which the normal eye reads at 400 feet; the 20/20 eye, of course, is normal.

It is not possible to tell how much a patient can see by simply looking at his prescription. Vision is a complex act, and a perfect lens is only one part of the apparatus; spectacles only focus the rays of light on the perceiving layer, the retina. It follows that anything which interferes with the clearness of the various tissues and fluids through which the light passes reduces the ability to see.

The visual requirements for service in the Armed Forces of the United States are subject to constant changes. However, the latest published rules stated that a minimum of 20/400 in one or both eyes without glasses, if correctable with glasses to 20/40 in either eye, is acceptable.

Any one who is interested should contact the local recruiting officer of Army, Navy or Marines, or his local Draft Board.

The visual standards have been steadily lowered so that many men have undergone frequent reclassification. It must also be understood that there is a difference between the requirements for officers and for enlisted personnel.

Tubercle Bacilli

To the Editor:—How long do tubercle bacilli stay alive in a dark place, for instance, in clothing that has been stored in a box?

How long do they stay alive in (1) direct sunlight, (2) sunlight coming through ordinary window glass, and (3) a light room with many windows but no sunshine?

Would the answers to the above questions also apply to influenza and cold germs and other germs of diseases of the respiratory system?

What causes night sweats in many tuberculous patients?

C. D., Pennsylvania.

Answer.—Tubercle bacilli in dried sputum on bedding or clothes, even if stored in a box, will probably be dead within seven to ten days. If, however, the clothes are packed away when moist, the tubercle bacilli may live much longer—possibly thirty to forty days.

(1) If tubercle bacilli contained in sputum are spread thinly on a glass slide and exposed to direct sunlight, they will be destroyed in about ten minutes. When embedded in moist sputum, bacilli exposed to direct sunlight in the summer are destroyed in two hours; in the winter, within six to eight hours.

(2) Exposed to ultraviolet rays (mercury quartz lamp), tubercle bacilli are killed in about two minutes. Since ordinary window glass prevents, to a large extent, the transmission of the ultraviolet rays of sunlight, much of the power of the sun's rays to kill bacilli is lost. Under these conditions it may take twelve to sixteen hours to kill tubercle bacilli in droplets of sputum.

(3) In diffuse light (many windows but no direct sunlight) tubercle bacilli may live from one to six days. Thick masses of sputum in dark corridors or hallways may contain living tubercle bacilli for two weeks to two months.

In general, it may be said that tubercle bacilli live longer outside the body than do many other bacteria. This is probably due to the fact that as ordinarily found in sputum they are embedded in a mass of thick, mucopurulent sputum which acts as a protection against physical and chemical bactericidal agencies.

In case of colds, bronchitis, or other upper respiratory diseases, the secretion containing the disease-producing bacilli is not as thick and heavy as it is in pulmonary tuberculosis.

The causes of night sweats are not definitely known. Formerly, because night sweats were so frequently present in advanced pulmonary tuberculosis, they were almost considered indicative of that disease. Today, we know that night sweats occur in other conditions, such as fear, excitement, exhaustion and debilitating diseases.

This Year Give HYGEIA for Christmas

THE GIFT THAT RENEWS ITSELF EVERY MONTH

EVERY year thousands of people find that HYGEIA makes an excellent gift for new friends and old, pupils or teachers, relatives at inconvenient distances for mailing —or anyone, anywhere, who is interested in Good Health!

HYGEIA for 1943 will be an even more valuable and attractive present. You may have noted many improvements in appearance in the last few issues—these are but forerunners of many more scheduled for 1943. Clever pictorial touches, articles on subjects of timely interest, effective use of color—in short, the entire contents will be stepped up in tempo—yet the same A. M. A. authenticity will remain.

USE THE GIFT LIST below to jot down names and addresses of persons to whom you would like to give HYGEIA for Christmas. . . . If you are not now a subscriber, put yourself on your Christmas List!

Do You Know

some of those folks—friends, relatives, perhaps—who are always chasing health "rainbows"? Pursuing one fad after another . . . walking miles every day? . . . eating raw carrots? . . . cutting out this or that from their diets? Are they, after all, pursuing any well-planned course? Does all their zeal actually restore or preserve a state of good health? You can put them on the Right Trail—silence futile worries, point out real dangers. Start them reading HYGEIA with a Gift Subscription this Christmas. Include their names on the Gift List at the right. . . .

CHRISTMAS GIFT LIST

AMERICAN MEDICAL ASSOCIATION, 535 N. DEARBORN ST., CHICAGO

Below are listed those to whom I wish to give a year's subscription to HYGEIA. Please send an appropriate card announcing my gift.

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H—12-42

My name is..... Address.....

In tuberculosis, night sweats are probably due to the remission of a slight fever to subnormal—even a drop in the body temperature from a high normal 98.6 F. to a subnormal temperature may cause night sweats.

Hours of Sleep

To the Editor:—I attend college in the evening because I work during the day as a stock clerk. Since I may have to attend for eight years in the evening before I will obtain a degree, I am anxious to know what past experience has indicated to be the minimum number of hours of sleep that a person can average per night and maintain health. I know that for the average person, eight hours of sleep is the health minimum.

J. S., New York.

Answer.—There are many individual variations in the need for sleep. It is difficult, if not impossible, to generalize by saying that every person needs a minimum of eight hours. Some can do with less and some require more. With respect to your particular problem, the best way to approach it is to consider your own experience and what your need for sleep has appeared to be. Then see a physician for a thorough checkup on your health. Follow his advice about how often you should be rechecked and let him guide you from month to month. In this way, by embarking on your proposed schedule under medical supervision, you will have the best chance of accomplishing the maximum of work with the greatest possible safety.

Bacteria in Ice Cream

To the Editor:—We have been informed by our first aid instructor that vanilla ice cream that has melted and been refrozen is deadly poison. Some time ago at a cooking demonstration we were told that this applied only to the commercial product and not to ice cream made in the home in a mechanical refrigerator. However, our first aid instructor claims this applies to any vanilla ice cream. Would you please advise us if this applies to both the commercial and the homemade ice cream, and if so, why?

E. E., Vermont.

Answer.—The only possibility for poisoning to occur from the eating of refrozen ice cream seems to lie in the presence of certain bacteria in the product and the chance they have to grow during the period when the ice cream is melted. All ice cream contains some bacteria. Growth of these bacteria is greatly retarded at the low temperature of frozen ice cream. If the melted ice cream is allowed to remain at ordinary room temperature for awhile, the bacteria present grow rapidly. Certain bacteria, such as the staphylococcus, if present, form a toxin which is the chief cause of so-called ptomaine or food poisoning. The illness occurring is severe, though rarely if ever fatal. If the temperature of the ice cream in its melted state does not rise much above the melting point, growth conditions for bacteria remain unsuitable, and the formation of significant amounts of toxin does not occur. Not only vanilla ice cream but all varieties are good growth media for bacteria at room temperature. Vanilla ice cream has no special properties different from other ice creams with respect to poisoning.

Surgery for a Diabetic Patient

To the Editor:—Are the risks of surgery for a prolapsed vertebral disk too great for a patient with mild diabetes to consider? The patient also takes into consideration the prolonged convalescence that may be necessary, as well as the possible mortality rate. By mild diabetes is meant that the patient is thoroughly controlled by diet alone and has not needed insulin for several years.

Z. W., Illinois.

Answer.—The risks of surgery in the presence of diabetes mellitus are high, but can be minimized by careful control of the diabetic abnormality before and after operation. In a mild case of diabetes this frequently necessitates the use of insulin for a period of time after the operation. However, in such mild cases that have done without insulin before, it almost always is possible at some later time again to conduct the case satisfactorily without insulin.

The operation for prolapsed vertebral disk is not one attended with a high risk when performed by surgeons who are expert in this field. The time of convalescence ordinarily is relatively short. It generally does not exceed three weeks.

Morphine

To the Editor:—Can the want of morphine pass from mother to child?

S. L., Illinois.

Answer.—A number of authoritative instances in which the want of or addiction to morphine has passed from mother to child have been reported in medical journals. Presumably, morphine reaches the unborn child through the blood stream connections between mother and child and then exerts its characteristic effects on the child. When the effect of morphine wears off, the addicted infant becomes ill, and unless this is recognized and remedied, the child may die. Small doses of paregoric have been used successfully in the treatment of such infants. The physician will determine the amounts of paregoric, and the dosages should be reduced and withdrawn slowly over a period of one or two months.

Cod Liver Oil

To the Editor:—I am puzzled as to what to use to remove cod liver oil stains from my baby's diapers. She takes a mixture containing iron and vitamin B. Ordinary bleach or boiling does not faze it. Can you help me?

N. D., Iowa.

Answer.—Fresh cod liver oil stains are readily removable in warm, soapy water. Cod liver oil contains a drying oil, such as is used in paint, and after standing in air and being allowed to oxidize for a short time, it becomes very difficult to remove, especially if there is iron present also. A paint remover, such as a benzene-acetone mixture, will remove most of the dried oil, and an acid such as is found in lemons will remove the iron stain.

Wisdom Teeth

To the Editor:—Is there any special reason why wisdom teeth are called wisdom teeth? If so will you please let me know why.

M. H., Illinois.

Answer.—The only reason that has ever been advanced for designating the third molars as wisdom teeth is that they usually erupt be-

tween the ages of 17 and 21, or at the age when the individual is supposed to have developed some judgment or wisdom.

Diet and Vision

To the Editor:—I read recently that vision is aided by certain food or foods. Can you give me more information on this?

J. C., Wisconsin.

Answer.—The relationship of diet to vision has been attracting much attention recently and has been the subject of many unfortunate misunderstandings. The eye, like all other tissues of the body, is dependent for nutrition on the food which is eaten. Like all other tissues it requires an adequate supply of all necessary nutritional substances. It has a special need for vitamin A, which enters into the chemistry of vision in the retina. Therefore, the eye is peculiarly susceptible to deficiencies in vitamin A. Extreme deficiency results in marked changes in the eyes.

Since badly chosen American diets may be deficient in vitamin A, it has been found that persons with such inadequate diets have experienced improvement in the vision, especially at night, when appropriate dietary corrections have been made. Out of this well established but somewhat limited fact has resulted the entirely erroneous impression that changes in diet, and more particularly the addition of vitamin A, constitute a substitute for glasses and offer a hope for cure of visual defects which have nothing whatever to do with the diet.

One of the most common misconceptions is that the taking of large quantities of vitamin A over and above that which is supplied by a satisfactory diet can result in improvement in vision. This is not the fact. Neither is it true that changes in diet offer any hope for cure or improvement of long standing visual deficiencies involving destruction or deterioration of the retina or the optic nerve or the centers of vision in the brain.

If you have a question relating to health, write to "Questions and Answers," HYGEIA, enclosing a three-cent stamp. Questions are submitted to recognized authorities in the several branches of medicine. Diagnoses in individual cases are not attempted nor is treatment prescribed. Anonymous letters are ignored.

"Peace on Earth, Good Will Toward Men"

It may seem ironical to quote those familiar words at a time when the earth is ablaze with war; yet implicit in their beauty is the very essence of that for which we are fighting . . . This war is not of our making, not of our choosing. We are in it because the principles in which we believe are threatened with annihilation, and because deep down in our national conscience we know that our way of life, for all its shortcomings, is the practical as well as the idealistic approach to "Peace on Earth, Good Will toward Men" . . . There are cynics who argue that there will always be war, that it is man's nature to fight man; but their reasoning is specious. Had Ehrlich, for instance, lacked the faith and incentive to persevere, had he been discouraged by six hundred and five unsuccessful experiments, 606 might never have been discovered and the chances are that one of man's greatest scourges would still be uncontrollable . . . In our great struggle, we of the United Nations derive strength and courage from a sublime faith in our cause. Our conscience is clear and unafraid. In the laboratory of World Events we are using all of our spiritual and physical resources to discover the formula that once and for all will put an end to the scourge of war. Please God, at this Yuletide, that we may soon find that formula through Victory, so that our children and their children and the generations to come may know the full glory and meaning of "Peace on Earth, Good Will toward Men."

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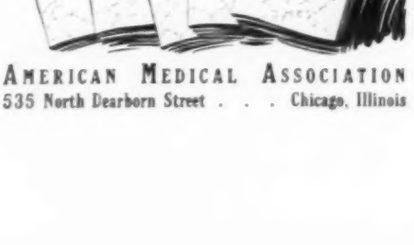

AMERICAN MEDICAL ASSOCIATION
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Preparation for Living

(*Continued from page 913*)

often more helpful than any book or lecture could be.

As the school population increased, an effort was made to provide privacy for consultations by partitioning off an area six feet square in one corner of the room. This was far from an ideal situation. Confidences could still be overheard, and classes had to be conducted in the same room with sick pupils on cots and others coming in nauseated or injured, and with all the resultant interruptions in such crowded conditions. As our work proved its value among students and gained in popularity, our facilities were improved to include adequate space and equipment for all our health activities. Among other things, we have acquired a full length mirror. A simple addition, this has been astonishingly helpful; it encourages good grooming and pride in posture. Nurse's aides stand and walk before the mirror with books on their heads in order to improve their posture.

Girls who elect Hygiene and Home Nursing keep and tabulate all the records of the health department. During the school year 1940-41, for example, they recorded 5,283 visits to the Health Room made by 1,023 boys and 1,391 girls. In each instance, they made a record of the hour, day, month, year and purpose of the visits, and of the disposal of the case. By participating in the collection of such data, they are taught the value of careful record keeping; they see how these records are used in the principal's office, by deans, teachers and social workers, and for reference in the Health Room itself. We explain to the girls how much the smooth running of the entire school depends on them and their attitude and conscientiousness in meeting every responsibility given to them. Always, they react in a gratifying manner to this challenge.

At present 64 girls, 6 of whom are colored, are enrolled in Hygiene and Home Nursing. Classes meet daily for fifty-five minutes. The first unit of study covers the routine of the Health Room. The girls learn first of all that they must never talk or gossip about personal matters of pupils or teachers overheard in the Health Room; to my knowledge, no girl has ever violated this trust. Later, they learn how to meet visitors who come to the Health Room, escort them into my office and introduce them to me; how to enter a teacher's room and request that a pupil be sent to the Health Room; how to answer the telephone and how to call a doctor in case of emergency; how to find health cards, know their purpose, and file them correctly; where to find schedule cards showing where any student may be found at any hour in the day; and how to make a proper record of each visit.

The importance of keeping neatly groomed and avoiding gum chewing and extremes in makeup and dress is stressed. They are taught how to keep the room neat and orderly, and incidentally, how to keep their own homes clean, neat and attractive with minimum effort. The girls are urged to try to remember the names and faces of pupils who come to the Health Room and to greet them by name and with a smile when they see them outside. This teaches the importance of friendliness with pupils of all types, regardless of race, personality or dress. A dozen or more character traits desirable for cultivation are discussed, so that the students will understand their meaning. Each girl then selects at least six of these traits—for example, dependability, honesty, initiative and other similar qualities—in which she wishes to improve. She checks herself on these from time to time and also has her mother or some one else who knows her well grade her.

At the beginning of the year a list of all girls electing the Hygiene and Home Nursing course, with the dates they are to serve in the Health Room, is posted on the bulletin board. Seldom do they have to be reminded to appear for duty. Each girl must do satisfactory work in all her other subjects in order to

be eligible to serve when she is scheduled. If she should receive a notice of unsatisfactory standing in any subject, she automatically returns to her study room for that hour unless she brings a statement from her teacher that she gets all her work in on time and is making her best effort in class. Some girls who are especially interested and who keep their work at a high standard in all subjects elect to serve as nurse's aides for one hour daily throughout the entire school year instead of just for the required month. They all agree that this training is invaluable to them. At the end of the year they are given an extra credit for this phase of their work.

While serving in the Health Room, girls have a fine opportunity to learn and practice good housekeeping. So many people are constantly coming and going that the Room soon looks untidy unless the girls are alert and efficient. They also get practice in the first aid procedures taught in class; in eye testing; in dealing with pupils, teachers, parents and social workers; and in maintaining poise under trying circumstances. Frequently, several things demand their attention at one time. As a result of this experience, we feel that these girls are better prepared to become wives and mothers, or for careers as doctors' or dentists' assistants, nurses and in many other fields of business or professional life.

After a few weeks or months at the most, "problem girls" who elect this course usually become satisfied and satisfactory citizens, especially if they have had an opportunity to assist in the Health Room for any length of time. If any one seeing these classes at work in groups is asked, "What is the outstanding characteristic noticeable in these girls?" the reply invariably is, "Their unusual poise."

More and more, the public is demanding results from the money expended for our school systems. If we want our free schools to survive, we must give our young people greater opportunities to develop their innate ability. We must send them out feeling that the schools are helping them to live richer and fuller lives. This applies not only to those of high mental caliber, but also to those of mediocre or even poor ability. They are all prospective citizens of our country.

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WHY DON'T WE TRIM TRICHINOSIS?

(*Continued from page 899*)

The news that pork was a risky food made the headlines. We were warned. No one can say the menace wasn't pointed out to us. The newspapers and magazines published the scientific discovery and a simple means of protecting ourselves as long ago as 1866. *The Nation* magazine, for one, carried this explanation:

"To follow the worms through their circuit we will suppose a man eats trichinous pork; as soon as the parasites reach the intestines they begin to develop sexual organs, each female worm laying about one hundred eggs; a single ounce of pork has been known to contain thousands of trichinae and these, collectively, produce eggs enough to infect the whole body. When the eggs are hatched, the young, under the influence of their migratory instinct, perforate the intestines and disperse in every direction, following the interstices of the organs until they reach the muscular system; here they stop, and soon become invested with a membranous sac, which in course of time may become solidified by a deposit of lime in its substance. This period of their emigration from the intestinal canal is the dangerous one for man. If there are only a few, their presence may not be known; but when they move, as is more commonly the case, in large numbers, the progress of thousands of them eating their way at the same time, in all directions, through the tissues, gives rise to febrile symptoms, intense pain with great tenderness of the abdomen, great prostration . . . all of which may end in death. If the victim survives this, there is another stage which, though less grave, is seriously troublesome: that in which the worms establish themselves in the muscles, giving rise to great soreness all over the body, every motion being attended with tormenting pain. This, however, gradually passes away, and the patient recovers, though his body is everywhere filled with the chalky cysts containing the parasites, which sooner or later perish."

It appeared for a time that meat inspection would protect people. Inspectors armed with "trichinascopes" could examine sections of hogs at slaughter and condemn infested animals. The United States Department of Agriculture once required this for all pork to be exported—because certain other countries wouldn't buy our pork otherwise! The method is not considered practical in this country today. It has dangerous loopholes. One or several samples from a carcass may be examined with negative findings, while trichinae swarm in other parts of the same animal.

Meanwhile, epidemics of trichinosis were bobbing up in the United States as well as abroad. Not the kind of epidemic that strikes thousands simultaneously, but the kind that strikes small groups—the kind wherein several related families visit the old folks and are served a rare pork roast, and everybody gets sick except the one or two who didn't eat the meat, or the kind wherein people turn out for a "sausage and pancake supper," and those at the first table become ill because the ladies were rushed and cooked the sausage in a jiffy, and the lucky ones who dined later when the sausage was really done are unharmed. Outbreaks of this sort have to pile up for years before the pile is large enough for people to see.

All who have studied the disease agree that trichinosis to be controlled must be prevented, for doctors have no cure. At the present time, if you swallow enough of the parasites to get you down, your recovery depends on your own body's power to endure them until they become encysted. The most logical place to begin control is at the source—in swine. Swine get the disease by eating the flesh of other swine, and occasionally from rats already infested—usually by way of raw pork scraps in garbage.

Find out, then, decided the parasite hunters in the Institute, how common is the practice of feeding raw garbage to hogs. They questioned the health officers of all cities of over 10,000 population first. The results of the survey are astounding; they show that more than half our cities carry on this practice. These cities are broadcasting trichinosis; they are selling or giving away animal food which may cause illness in countless people for years to come. Some of these municipal governing bodies pat themselves on the back for doing this, too, not because they want to make people ill, but because they are collecting or saving money for needful treasuries.

Moreover, a conscientious city government may easily be misled by the records. Suppose a city councilman of more than average inquisitiveness goes to the records to find how prevalent the pork disease is and finds that only five or six thousand cases have been reported. He wouldn't guess this to be what it is—a fraction of the actual number. In the first place, trichinosis is a confusing disease for physicians to recognize in many except the clearcut cases. The symptoms resemble those of half a hundred diseases, from sinusitis to typhoid. Secondly, cases of trichinosis to this day aren't required to be reported to health departments in all the states.

Surgeon General Thomas Parran states: "Complete information as to the incidence of human trichinosis is not available. The small number of clinical cases reported to the Public Health Service annually by state health departments is not an adequate index of the prevalence of the disease in the United States. Trichinosis is not easily recognized, and all recognized cases are not reported to the health authorities. The best available evidence of the prevalence of the infection in man is found in the results of studies conducted by the Public Health Service during the past four years. One in every six human specimens examined in the laboratory has been found infected with trichinae."

What is being done to control this parasite disease which is widespread, is not curable and is there-

fore controllable only by preventive measures?

The federal meat inspection regulations which cover only meat sold in interstate commerce and for export, and also the regulations of Oregon, Massachusetts, California and New York, require processing to destroy the parasite of all pork customarily eaten raw. These regulations do not include any kind of pork or pork products which are ordinarily cooked before eating. Moreover, if you try to decide for yourself what pork is safe from the federal inspection markings, you'll probably be very much muddled. These markings are made by authorities for authorities and not, as you might suppose, by authorities for the information of the consumer.

Oregon, far ahead of other states in attacking the problem, requires that offal must be thoroughly cooked before being fed to swine on licensed farms. The law went into effect in 1919, shortly after Canada's similar one—which has been outstandingly successful, and is considered to be well enforced and effective. It couldn't be perfectly effective, of course, in the reduction of either swine or human trichinosis, as long as there is trichinous pork coming across the state borders from other states and as long as the farmer who doesn't sell pork on a commercial scale isn't under state supervision.

New York State has just passed a law requiring its municipalities and public and private institutions to demand the cooking of their garbage before it is fed to swine. In Kentucky and Washington, State Board of Health regulations govern the problem; in the former, the regulations are considered to be efficient, particularly as they apply to the larger garbage-feeding plants.

Two other state legislatures have had presented to them bills requiring the cooking of garbage. In neither case did the bills pass. From the information at hand it appears that organizations of commercial garbage feeders blocked them. This appears to be shortsighted on the part of the garbage feeders, because the cooking of garbage would not only control trichinosis in hogs but would help control tuberculosis and also hog cholera, which, of all swine diseases, causes the greatest loss.

Researchers labor constantly on trichinosis. They are experimenting to find a 100 per cent effective skin test to detect the disease in swine. No method yet developed can be depended on to give reliable results when used in hogs coming to slaughter. Doctors are trying to find a cure for trichinosis. If and when they do, they'll be able to cure only the cases they see and diagnose.

Various agencies have cooperated in the old plan—obviously a failure when you consider how the pork parasite has gotten the better of us—to teach the consumer to cook this meat well. Have you ever noticed in your butcher shop, for instance, the poster of the United States Department of Agriculture which tells you that "pork is a savory food, rich in protein, fat and vitamin B, but as a safeguard be sure to cook it *thoroughly*"? Many cases of the disease have occurred in patients who "thought the pork was well done." Notwithstanding these efforts, there are in effect today no general measures for the control of trichinosis in the United States.

The late Dr. Maurice C. Hall of the National Institute of Health sounded a clarion call for more effective measures. It appeared to him to be a legitimate demand that when a man exchanges dollars for pork, he should not do it on the basis that he may be purchasing disease and possibly death. The United States Public Health Service and the American Public Health Association have advised a ban on the feeding of raw garbage to swine. Municipal governing bodies have had this advice pointed out to them in their magazine, *The American City*, and the advice is the sum and substance of the public health part of the Municipal Year Book for 1941, which states, "Though the economic factor is at present considered an important one and there is vociferous pressure brought to bear by organized garbage feeders, the conservation of public health is the only consideration which should be permitted to govern."

Legislation to prevent the feeding of raw garbage to swine, then, is the way to trim trichinosis. Canada proved it: She used this method and reduced the disease to practically nil. Why don't we use the same methods?

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Anne Shriber

A child's unhappiness may be caused by factors which he can't control; his personality reflects his surroundings.

By

RUTH E. BECKEY

SOCIAL ATTITUDES IN CHILDHOOD

YOUR CHILD is what society makes him. If he lives in a poor community "across the tracks," he learns the language of the streets. He acts the way the boys with whom he plays act. Accepted conduct in your neighborhood is your son's standard of action to follow.

If your child is a member of a rich society where maids, butlers, gardeners and chauffeurs are employed, then he may be a well behaved little fellow who has had special training in speech, music and manners. He may be more dependent, however, than the poor boy across the tracks, since he has so much more done for him. His period of dependence is extended over a longer period of time.

Your child may well say, "I am what you have made me. I am a part of all I have heard; I am a part of all I have seen; and I am a part of all I have felt!" Not only do you as his parents play an important part in the emergence of the child's self, but so do his playmates and the other people of his immediate community.

From the social standpoint, personality may be defined as the expression of a person's inner thoughts, feelings, attitudes and desires. Personality has little way of finding expression except through the medium of speech. People with whom your child associates call forth from him certain expressions. Your boy may have to uphold his rights in a game. Through speech, evidence is given that your son has a personality which is fair, honest and sportsmanlike. When friends call to see you, your child reacts toward them through speech. He says, "I'm glad they came. I like them." You find out what he thinks of your friends. At school, he answers questions which the teacher asks. He uses speech for all communications of information. Your son shows his friendliness and kindness through speech. In many ways, therefore, speech is a direct expression of one's personality.

Several writers have indicated that personality is speech. A person is known by what he says and how he says it.

How does your child's speech affect your friends? Does he speak distinctly? Does he use baby talk? Does he whine for everything that he wants? Does he talk in a hoarse voice that is annoying? Does he substitute sounds, such as saying, "gog" for "dog"? Maybe he uses a language of his own which no one can understand except his brothers and sisters who are near his age.

As you can readily see, many of these factors concerning speech do much toward telling others about the type of personality your boy or girl may have. For instance, if he whines continually, they may know that he is spoiled and accustomed to getting what he wants after he whines long enough.

Perhaps you have been guilty of using poor speech habits yourself. Do you talk distinctly, slowly and in short sentences—so that the small boy or girl can understand you? Is your voice pleasant, or do you scream at the child? Frequently, a parent vents his wrath by yelling, "Didn't I tell you to stop making so much noise?" The child may become angry too; he yells back, and every one becomes irritated! Slow, calm speech helps to maintain well adjusted lives in the home.

Since speech defects have such a definite effect on a child's social personality, you probably would like to know something about the major types of disorders. A child with a severe articulatory defect is handicapped because no one can understand him. He is often ignored. Consequently, he withdraws from social situations. Some of these children receive no treatment whatsoever. Others are delayed until the child has already established serious personality problems. A serious speech defect must be treated early.

In addition to having a disorder in the accurate articulation of sounds and words, the child may stutter. If he is not conscious of his handicap your best procedure is to ignore his difficulty. Act as though you notice nothing unusual. Interruption—"Now, Johnny, stop and start over again"—will only call attention to the problem.

If he has progressed to the next stage of stuttering, in which he is conscious of his difficulty, you should use a different procedure. Stutterers, as a group, are shy, nervous and unsocial. Probably you should find a reliable speech therapist to aid you with any stuttering problem.

A third type of speech irregularity which may concern you is retarded development. Perhaps the child is past 3 years of age and still does not talk; maybe he is 5 years old and talks only in unintelligible sounds. A child with either type of difficulty is unhappy. He cannot play with other boys and girls happily. His most important means of expressing his emotions, desires and thoughts is lacking. Instead of words, he uses gestures and noises. If not understood by this means, he uses temper tantrums—anything to get what he wants!

Your child's social personality is also influenced by the type of conduct he sees. Certain customs have already been established before he entered the group. It is his duty to perform according to what his parents and friends expect. Certain ideas or habits are considered wrong in one group, whereas the same ideas or habits may be considered right in another community. The problem for the child is to conform to the rules set down by his immediate leaders. He learns the rules of moral conduct principally by speech. He grows confused many times when he sees actions which do not conform to the words he has heard regarding right and wrong. He finds that it is easy to talk about being good, but it is hard to act as a good boy should.

In a civilized society, your child has his goals already set for him in many instances. He is expected to go to school at a certain age. Going to church is also expected in many homes. As far as he is concerned, he does not understand the real reasons for the rules of moral conduct. He has been told that it is wrong to steal, lie or cheat, but he cannot realize why it is wrong to do these things, since he receives a certain amount of pleasure from doing them. So until your child reaches a certain age of mental maturity, he may operate on what is known as the "pleasure-pain

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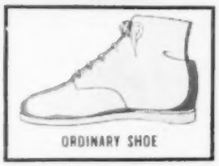
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principle," in which he does what he likes to do until he is punished. If he is hurt enough times for doing what he has enjoyed doing, he may decide it is better to do as society demands.

Important to your child's personality adjustment is his attitude toward certain elements in his environment. Does he like Negroes? Does he believe in honesty? Does he like war? Of course, the child must mature mentally and emotionally before his attitudes will be well established. Earlier, his ideas and reactions are much the same as those of his parents. He believes as his parents do. However, his attitudes are developed during childhood and his parents and teachers aid definitely in determining the attitudes he will have as an adult. Do you want him to be tolerant? Do you want him to be kind to old people? Do you want him to be courteous to servants? He will probably develop the attitudes which you want him to have if you have them yourself and act in accordance with them.

What is an attitude? It may be defined as a characteristic method of reacting to certain ideas, objects or persons. An attitude indicates the manner in which your child will probably react to situations. If he likes his teacher, he will do better work for her. If he doesn't like her, he may shirk, or draw ugly pictures of her, or do other mean things.

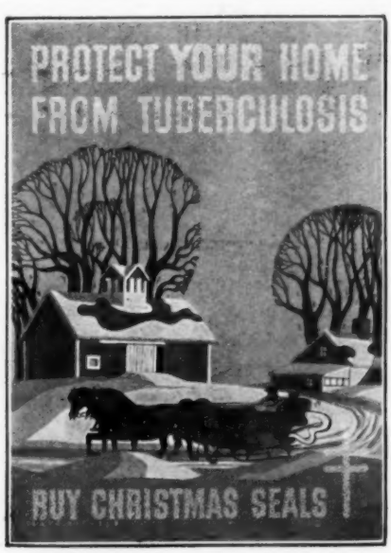
Your child should have proper attitudes toward reality, security, authority and change, if he is to become a well adjusted personality. In the first place, he should not be afraid to face reality in any situation. Dodging the issue will never make him a strong character. He must do a certain task if it must be done, even though he doesn't want to do it. If he can meet the disagreeable tasks as a boy, he is more likely to meet the serious problems of adulthood satisfactorily.

He must have an attitude of confidence. He must feel that he is secure in his work. If he is sure of himself, he will act with more assurance. Of course, this attitude definitely colors his reactions to members of his social group. His attitude toward authority is also important to his developing social reactions. Does he have respect for his parents? Does he feel that his teacher knows anything? If he believes in his parents and teachers, he will probably obey them without much difficulty.

In this age of rapidly changing activity, the child also needs to learn to adjust to change. How are you to know how to train your children for adulthood when you do not know what kind of life they will have twenty or thirty years from now? Probably the most satisfactory type of adjustment to such a problem is to educate the child to become accustomed to new ideas and methods of doing things. Help him to understand that changes are constantly occurring. He needs to be ready to adapt himself to new environments and to new ideas. If he can adjust readily to elements of change during childhood, the problems of later years should not be too complicated. A well adjusted child, again, becomes a well adjusted adult—regardless of the new problems encountered.

In all factors concerning your child's social personality, you as his parents are important. To you he looks for guidance in his choice of right and wrong; to you he listens as he learns about proper attitudes toward people, ideas and objects; and to you he turns for help when he is unable to speak adequately. As you have probably noted, the well behaved child usually is happy, whereas the child with poor social habits and unmanageable conduct is usually unhappy.

EDITOR'S NOTE: This is the last of a series of articles by Dr. Beckey dealing with personality problems and emotional adjustments in childhood. Dr. Beckey is director of the speech clinic at Ohio University, Athens, Ohio.



By

ALBERT L. BILLIG

Why Children Bite Their Nails

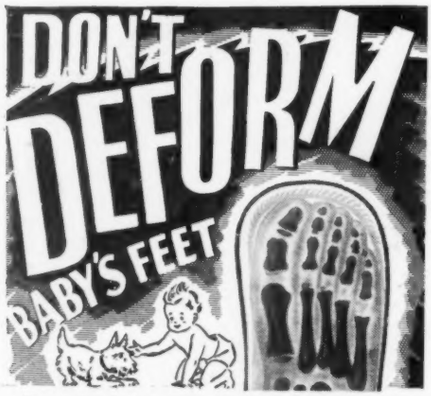
A SCORE OF YEARS AGO, the writer entered the vocation of teaching and was assigned to a unit which was the melting pot of the city. There were sixteen nationalities among the pupils, representing on the whole the lower economic groups. The parents of many of these pupils were aliens or naturalized citizens, holding to a large degree many of the values and habits acquired from their old world customs. These caused inevitable conflicts and frustrations which were evidenced among these pupils.

Cleanliness was not one of the virtues of some of these students. Curiously, the tips of the fingers in some cases were clean. The "why" was shortly explained. They were kept clean because the possessor frequently inserted them into his mouth to bite his finger nails, and as a result the finger tips were being almost constantly washed; hence the contrast with the rest of the hands! Since the writer was as naive as the next person, the pupils were asked to refrain from putting their fingers into their mouths. Needless to say, they did not. The first impression was that they were being recalcitrant. Later, however, this reasoning was found to be specious. The persistence of the pupils in biting their nails started an investigation which has extended, to date, over ten years. Each year the pupils change, but the same basic situation persists. In part, this article will be a review of such findings and impressions as are believed to be useful.

The pupils studied during the first few years of this investigation were from the elementary grades. An attempt was made to see if there was any difference between the amount of corporal punishment received by nail biters and that received by non-nail biters. The results seemed to warrant the assumption that there is a slight excess in the amount received by nail biters. As this result was not conclusive, other queries were made the following year. One of the findings was that the girls contributed slightly more nail biters than the boys for the grades four to six inclusive. The incidence of nail biting was approximately 40 per cent. Most of the nail biters admitted that they knew this habit was bad. Many of the pupils claimed that they learned it from another nail biter.

By this time, the interest of the writer had been aroused sufficiently to study the habit more extensively. A standardized questionnaire was then utilized to insure a higher degree of reliability in the conclusions drawn. The trait measured by this instrument was that of neurosis, since it was suspected that nail biting was a symptom found among neurotics of the elementary school age. Surprisingly, the results obtained from the quantitative scores did not indicate a strong neurotic trend. However, a tendency was noted. Of the group studied, the nail biters had a slightly lower average intelligence quotient than the non-nail biters. It was further found at the time of this investigation that a majority of the nail biters had been exhibiting this form of behavior for two or more years.

During the next school year, one of the subjects taught was health. It was considered desirable to incorporate the amelioration of finger nail biting in the health program. Some writers claim that when a bitter substance is put on the finger tips of the nail biter, the unpleasant taste causes the biting to stop, or at least discourages it to the point of minor importance. This assumption seemed to warrant a trial. To get the pupils into a state of readiness for this treatment, impromptu discussions were held during which they volunteered their personal observations and experiences with this habit. After a number of these discussions the pupils, to a large extent, wanted to stop. To their distress they found that, like any strongly entrenched habit, nail biting did not stop automatically! Each of the nail biters was then asked to get his parents' consent to have some bitter substance put on his fingers to help him to stop. The response by the parents was spontaneous, and consent was given in all but one instance. The actual material used was a saturated, aque-



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ous solution of quassia. This was applied with a cotton-tipped applicator to the tips of the fingers and to the nails, and left to dry. Pupils were given the treatment until they had stopped biting for a period of one week. The criteria of stopping was that the nails had grown and the telltale clean tips were absent. Among the more intelligent pupils, one or two applications were usually sufficient to stop this activity. But our experience indicated that if this treatment of negative conditioning should fail to produce definite results by the third application, it is advisable to discontinue it; otherwise more harm than good will be done. The habit will be made still more stable.

At this point in the investigation the writer was transferred to the high school. There, sophomore students were studied in much the same way. It became evident from their own introspection and on observation while they were biting their nails that nail biting took place largely while they were in a state of excitement. Most of them believed they were powerless to do anything toward stopping the habit. Their stock answer was, "I am nervous." The girls stated that the one form of entertainment which seemed most provocative of nail biting for them was motion pictures. At another time, among both boys and girls the two most provocative situations were said to be suspense and conflicting interests. The evidence gathered seems to indicate that in many cases this form of behavior can be traced to mothers, relatives or associates who bite their nails and from whom the children learn the habit. This explanation on the part of the child may of course be a form of rationalization.

The following year, the students were divided into three classifications: nail biters, former nail biters and non-nail biters. It was found that approximately 30 per cent were active nail biters, 35 per cent were former nail biters and the remainder were non-nail biters. The most desirable method for the amelioration of nail biting among high school sophomores was found to be a program of helping the pupils to develop an understanding of why they indulged in this form of behavior.

During the course of the investigation, the following additional facts became apparent: Approximately two thirds of a normal population exhibit this form of behavior at some time of life; by the fifteenth year half these nail biters have desisted. At least some of the nail biters use this habit as a means of dominating persons, such as parents, whom they otherwise would be unable to control. As the nail biter "grows up" and accepts the tenet that discipline, both self and externally imposed, is necessary and desirable in many instances as part of an orderly life, his need for nail biting disappears.

ANNUAL SESSION OF A. M. A. CANCELED

For the first time since the Civil War and the third time in its history, an annual session of the American Medical Association has been canceled. The Board of Trustees of the Association has announced that the ninety-fourth annual session, scheduled to convene in San Francisco in 1943, will not be held. In 1861 the annual session was postponed for a year because of the outbreak of the war between the states and in 1862 it was again postponed for a year because of the demands of the war on the medical profession.

The House of Delegates, the Board of Trustees, the scientific councils and the officials of the Association will be called into session to deal with the affairs of the Association, particularly the many wartime responsibilities being borne by the medical profession. The date for this meeting will be determined by the Board of Trustees next February. The Board of Trustees canceled the ninety-fourth annual session because of the tremendous demands on the medical profession of the United States in association with the war and to facilitate further the contributions of the Association and the medical profession to the nation's war effort.

6,000 Children Can't Be Wrong

(Continued from page 915)

economically independent group came within the "excellent health" classification.

The marginal income group, classified along with the low income group, included families whose names were on the WPA rolls or who had been on relief at some time during the past two years, families whose wage earner had had only irregular or seasonal employment, and families either living with relatives or friends or accepting help from them. Most yearly incomes reported for the economically independent group fell between $2,000 and $4,000, with some running as high as $10,000.

Age had little to do with health. About the same number of children at each age were found in unsatisfactory and in good health. Underweight, on the other hand, increased with the age of the child and was found more often in girls. One child in 5 was underweight, taking the group as a whole, but 1 in 4 of the girls was underweight. A deficiency in "fat padding" was found most frequently in children whose families were in the lowest income brackets.

The eating habits of the children are now under further study, and a detailed report is to be given later. But there are already sufficient data available to show that nutrition is generally below standard. Among other evidence, this is revealed in the average of more than 1 decayed tooth per child, at least 2 bad teeth in about every other child, and 8 bad teeth apiece for as many as 4 children out of each 100. Even the little tots are not immune; about 1 in 4 of those under 5 years showed dental defects.

Healthy incomes do not guarantee healthy diets. The Chicago study indicates that children living at all income levels get too few fruits and vegetables. Less than half were found to get enough of these foods, and in families amply able to provide them, 1 child in 10 actually was not getting enough to keep well. Measured by accepted nutrition standards, less than half the children *even from economically independent homes* were getting enough fruits and vegetables! Further reports covering food intake and eating habits will probably reveal other facts with which American parents should be acquainted.

Also interesting should be the results of a two year study in California. The State Defense Nutrition Committee, the Department of Public Health and the University of California Medical School are evaluating the effect of different lunches on Santa Barbara County school children. The children have been divided into three groups of 200 each. One will eat the lunch regularly brought from home. The second will get a scientifically balanced lunch prepared at school, and the third group will eat home lunches but will be given supplementary vitamins and minerals. The general health and nutritional status of each child is to be checked before the study starts, at regular intervals during its progress and at the close.

The real solution to America's nutrition problems lies in our children—especially our young children; the younger they are, the better the opportunity to correct faulty nutrition and its consequences and establish desirable eating habits.

American physicians have done a masterful job in cutting down the death rate and promoting better health for our children. They are constantly trying to bring more and more of our children to adult life healthy in mind and body. But they cannot do the job alone. They can do it only with the cooperation of parents, teachers and every one else who has to do with molding the child's habits of living.

The records of more than 6,000 children studied in Chicago point to a particular need for medical supervision and balanced diets. The records show the general health picture to be unsatisfactory at all income levels. These facts cannot in any sense be interpreted as peculiar to Chicago. Undoubtedly, they present a fair picture of the health of children throughout the nation. War days are days in which to take heed. The records of more than 6,000 children can't be wrong.

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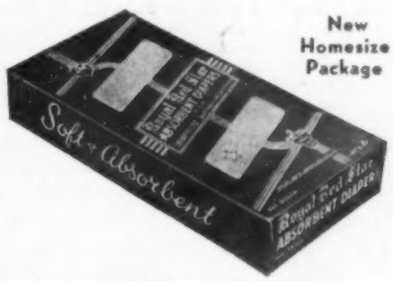

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THE PSYCHIATRIST'S PLACE IN COLLEGE

(*Continued from page 907*)

Inferiority feelings soon reflect themselves elsewhere in a student's actions and emotions. He may become depressed and be unable to concentrate on his studies. As he gets behind in his work, he begins to feel guilty; when exams approach he gets sleepless and his digestive system doesn't function normally. He may get through his exams, but his marks may not please his parents. They expect great things of their boy, and he feels he has no right to impose on their willingness to finance his education if he can't deliver the goods. Once caught in such a vicious circle, it is not always easy to break out. Sometimes the pattern is complicated before help reaches the student—he may begin drinking too much; he may find political activity a relief to his sore spirits; or he may become more depressed. If he is to recover from this experience with profit, the student will need to study his personality and its relation to the special society of the college world. He will have to recognize and weigh its special mores, its values and standards of achievement and decide how and where he will fit in—or find healthy compensations for nonconformity.

The reactions just catalogued are a few of the ways in which people's bodies and emotions respond to difficulty and strain. Among the common symptoms displayed by student patients are those associated with temperament, such as depression, anxiety, a loss of zest for life; common physical symptoms are those related to the heart and gastrointestinal systems; headaches and insomnia are also common. Behavior, too, reflects personal trouble: overcutting of classes, excessive movie going or bridge playing, drinking, gambling or a sudden interest in religion or an "ism" frequently signal a gathering storm.

The difficulties underlying these reactions are to be found, as has been noted already, in various departments of life. The social side of college is only one aspect of the complex adjustment demanded of a college student. If he has not developed efficient study habits, or if he is a slow reader, he may find himself up against scholastic problems. It is also not unusual for people to find themselves faced with courses which assume a wide background of reading and critical experience or of scientific knowledge. Unless a student is able to fill in the gaps in his background quickly and economically, he will lag in his work. To the pressure of work itself is often added the need to keep a scholarship and a job. A lowering of marks may jeopardize the student's whole college career. No wonder that in such circumstances he gets tense and jumpy, loses sleep and appetite!

Closely related to the student's ability to do well in college is his relationship with his family. Frequently, going to college is the first break in family life, the ending of a long established pattern. Change occurs in the most elementary routine in habits of eating and sleeping, of caring for one's health and clothes. There is no one to check on hours of study, no one to jog memory about obligations in human relations, no one to provide accustomed responses of approval or affection or reproof. All of this is not only obvious, it is taken for granted. Yet every one is not always prepared for the normal and the obvious. There are many families in which parents and sons or daughters are bound by ties which do not stretch easily, accommodating themselves to circumstance. A boy, for example, who has lived close to home, who has made companions of his parents—either because it was the easiest thing to do or because timidity or sensitivity prevented his mixing well with contemporaries—will find it hard to be separated from them. The harsher society of his fellow students may result in his withdrawing into solitude. But it is not always the student's needs which have kept him close to his family to the detriment of his development as an independent individual. Sometimes parents cling to their children, demanding attention and a decisive voice in all their affairs and preventing any free development. Any number of relationships or situations can and do occur, so that it is not easy to catalog the effect of family direction and affection. It is not uncommon, for example, for an efficient mother or father, one used to running things and seeing that they are well done, to carry this characteristic domination over into the relationship with children—planning their careers, choosing their courses and friends. The latter can either acquiesce or try to fight back. A student's reactions in such cases are not always direct; that is, rebellion against parental domination may not show itself openly in their relations. It may, instead, be directed against other symbols of authority, against university teachers or rules. It has been found, for example, that several students who were failing in their studies were boys who had no special desire to come to college but were forced to do so by their parents. One or two had wanted to go elsewhere, and when they were transferred to colleges of their own choice they did exceedingly well. The influence of the family in a person's life should not be underestimated, nor is it to be condemned. But the part it plays in the development of an individual's personality should be understood and judged according to the way in which it affects his growth. The college years are good ones for this particular kind of observation, for usually in that period family influence is challenged in several ways. Standards of morals and behavior, religious and political ideas, many of the values to which a student has subscribed because he was brought up to do so are suddenly scrutinized in a new light—a light which may show up blemishes and even fraud. To weather such strains on familiar

and perhaps strongly held faiths requires insight, knowledge and detachment. None of these requirements comes easily and without outside aid to most people. When pressures result in a student's becoming disturbed, he may not be aware of the cause of his upset. When he begins to investigate that disturbance the facts in his background begin to emerge. With proper assistance he can understand the causes of his distress and, if he then wishes, learn to be less sensitive to them. Strength as well as weakness can come from a student's relation to his family. In a mature and healthy relationship both parents and student take what is positive from each other without developing antagonism or becoming estranged.

As a person grows toward adulthood, he begins to realize that his emergence from parental protection is part of the process of his entrance into a larger environment where he alone is held responsible for his actions. In our culture, on the middle class level, this emergence is later than in others. Long years of schooling in preparation for certain professions postpone, often until fairly late in the twenties, the time when an individual begins to earn his own way. Marriage has usually been expected to follow economic independence. The effect of these conditions on individual development can be observed in the difficulties which students have in connection with sexual growth and even more strikingly in the uncertainties they show in relation to the development of career and other goals. The protection surrounding growing children until, and even through, late adolescence means that it is not easy for them to come into contact with enough facts to help them through all situations. It is characteristic of our society that though biology and other sciences are taught in secondary schools and colleges, few institutions, if any, give thoroughgoing courses in sex and sexual development. The fact that sex is a word in common use and that there are plenty of books and articles on the subject does not mean that it is treated openly and in a matter of fact way by all groups. Puritanical restrictions limit the amount of proper information given to most people, but there is almost no limit to the kind of sexual stimulation society pro-

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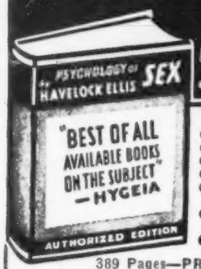

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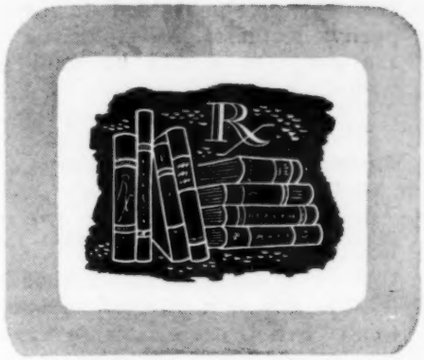
vides in the way of pictures, movies and novels. The result is confusion—a confusion specially noticeable among college students. Without adequate information, with false ideas, strange attitudes and superstitions about sex, they are an easy prey to panic and fears in connection with any kind of sex behavior. Many difficulties could be prevented by a foundation of good information—and many a student has been relieved of an anxiety which might well have ruined his career at college by the acquisition of sound and sober facts about sex and his individual reaction to it. This, of course, is not the whole story. Sex problems are not all the result simply of misinformation or social taboos. Often enough, a student's sex difficulties are linked with other problems, other conditions and attitudes which are a part of his general immaturity. All these must be treated at the same time. An excitable person, for example, must understand how he is likely to react in certain situations. A student who is closely attached to his parents will have to see just how this affects his relations with other people—especially girls—and understand what effect the parental relationship has on him directly in connection with his behavior and indirectly in connection with his feelings in the building up of resentments, sensitivities and feelings of guilt or inferiority.

The customs and habits which prolong the period of preparation for careers, thus putting off the time when a man becomes responsible for a family of his own, may be changed by this war, just as other habits were changed by the last one. Until the war, however, our experience in treating the problems of college students showed that it was with real reluctance, usually, that students relinquished the protection of college for the cares of the larger world. Their hesitancy in the face of the next step seemed to spring from a feeling of inadequacy. The end of senior year brought many fearful and anxious students to the psychiatrist, unsure of themselves and of the future. They seemed to feel that they were not prepared to face leaving college, although they could not always say in what ways they would wish to be prepared. They all thought vaguely of the future as a period in which they would make a living and find a wife, but they seemed to have little or nothing to guide them in either venture. One could not help feeling that chance would decide things for them, for it was all too evident that they took little from their college experience in the way of permanent values, of standards and purposes which would support and guide them in their choice of work, in their development as citizens and heads of families. They had taken courses in government, economics, psychology, biology and sociology, but the courses seemed unconnected with life as they were living it. A few, it is true, were interested in world affairs, following events closely, realizing the meaning to them of what was happening in the world. These people and others who were intellectually able would do very well for themselves in finding jobs or professions around which their lives would be organized. But the rest were at a loss, a group of people who had gone through college but who didn't take much away with them. If they weren't lucky enough to have a job handed them by a friend, or if they didn't stumble on some work which suddenly absorbed them and began to give shape and meaning to their lives, they would flounder about unfulfilled and unhappy.

Perhaps it is impractical to expect that all people will understand and fulfil themselves. Certainly it is beyond the aims of most university psychiatrists. But to one who has observed nearly four generations of college students the achievement of certain conditions seems to be well within the practical limitations of university educational policy. It is certainly possible to eliminate much waste in human material and energy during college years. Students who try to handle several problems at once can be saved time and strength by proper help. Scholastic failure as a result of emotional difficulties is nearly always preventable. Above all, students should have an opportunity to examine their personalities, to weigh what they want to get from life and what they are capable of giving. In other words, students should be willing to take their college years and the future seriously. Those who do will then be free to enjoy in larger measure the riches offered by our universities and colleges.



Books ON HEALTH

Children Have Their Reasons

By Ruth Wendell Washburn, Ph.D. Cloth. Price, $2.00. Illustrated. Pp. 257. Brooklyn: D. Appleton-Century Company, 1942.

This is another plea to parents to have insight and selflessness in dealing with their children. Parents are warned that training technics from the laboratory and nursery school do not often work at home. They are asked to allow their children to take, whenever possible, the consequences of their own acts and decisions.

Several principles in teaching are stressed. The mother must be calm and serene, especially when introducing something new or breaking a bad habit. When things aren't going smoothly, the child is probably being overtaught. It is wise to think through the day; see which lessons can afford to wait in order that multiplicity of directions may be cut down. Do not teach the child something he is not yet capable of learning. The mother is cautioned against using the unnatural third person in speaking to the child. This is a good point. See how many times you catch yourself.

Dr. Washburn recommends wholesome novels, not textbooks, for increasing insight. Certainly this is one way, but today there are many good parent guides on the market which are invaluable to conscientious parents. These parents are encouraged to take their children to professionally trained specialists in psychology once in a while. Dr. Washburn admits this is more to broaden the psychologist's experience than to help the child and parent.

Verbosity tends to obscure many of the valuable suggestions offered and to dull the reader's interest. In short, this is another book to read, halfway down the list of parent guides.

BARBARA FISHBEIN FRIEDELL.

Sex Fulfilment in Marriage

By Ernest R. Groves, Gladys Hoagland Groves and Catherine Groves. Cloth. Price, $3.00. Illustrated. Pp. 319. New York: Emerson Books, Inc., 1942.

"There is little need for a guide book, a rule book, a textbook or a play by play report on sex matters," says Dr. Robert A. Ross in his introduction to the Groves' new book, complimenting a literary technic which enables the authors to point the way without overtly guiding, to establish the boundaries of intelligent thought and behavior without a single "do" or "don't," to include a vast amount of worth while information with a minimum of didacticism and to establish authority and gain confidence based on their rich experience as family and marriage counselors without ringing in innumerable case histories to throw the reader off the pace.

While this is declaredly written for "the married and those about to be married" and unquestionably will find its widest usefulness among these groups, its applicability at considerably lower age levels —in senior high school and college hygiene studies, for example— seems deserving of consideration. The fact that many parents and teachers still reject any sex education program for high school students probably means that most high school boards of education would back away from a proposal to introduce the Groves' book, with its illuminating frankness and its graphic discussions of the mechanics of intercourse. It is arguable, however, that if high school students are to have instruction in sex relationships as a preparation for later marriage they should have the best, and that's what this is.

R. M. CUNNINGHAM JR.

Your Heart

By Joseph M. Stein, M.D. Cloth. Price, $2.75. Pp. 240. New York: Alliance Book Corporation, 1941.

This volume was prepared by the author for the purpose of helping the lay person who is the victim or the fancied victim of heart disease to understand his own heart and its workings and in this way to assist him and his physician in the care of his particular case. The reader is offered material which is difficult enough for the trained and experienced physician to evaluate critically and which is certainly not likely to be clearly understood by the untrained reader. There are several instances of what it would be hardly fair to refer to as misinformation but which are by no means established facts. There are several statements also which will not be at all helpful to the physician who might be in charge of the reader's particular case. The physician might have divergent views and good reason for giving divergent advice.

Books of this character for the lay reader, if they are to be written at all, should confine themselves to a simple explanation of the structure of the heart and its mechanism and should be conservative in what they say about factors which may influence this mechanism. They should not offer specific advice in any particular condition, or even suggest possibilities. There are too many differing possibilities which may influence any condition to permit such generalized advice. It may not be at all helpful to the family physician to have his patient read that he should take a hearty meal in the middle of the day and not eat between meals. Such advice may be perfectly all right for one patient, but for another patient there may be valid physiologic reasons for not eating any heavy meal, and for eating small amounts frequently. The advice in regard to the safety of high altitudes may also be dangerous for a patient whose heart has difficulty enough doing its work at low altitudes. An increase in altitude must invariably demand more work of the heart. The reader's physician may also disagree about the value of exercise, or abdominal belts, or roentgen treat-

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ment of the adrenals, or various surgical procedures. Much that is described may well be applicable to one case and not at all to another, and much of it is also not yet of proved worth.

It is unfortunate that a volume which has so much of value should at the same time have its usefulness impaired in so many ways.

N. C. GILBERT, M.D.

Teaching Athletic Skills in Physical Education

By Henry C. Craine. Cloth. Pp. 236. New York: Inor Publishing Company, Inc., 1942.

This book presents in clear and orderly fashion the principles and methods of teaching worth while athletic skills to groups of pupils. More than that, it indicates some of the values inherent in learning these skills. In content, organization and style it qualifies as a valuable book for the teacher of physical education. There is enough psychology involved, but not too much. There is some theory and much that is practical, all presented concisely and clearly.

The latter part of the book is devoted to detailed discussion of the elementary skill for different sports and games, and methods of teaching them. It is most practical in its own material and includes an excellent bibliography. This should prove helpful to teachers of physical activities in any surroundings—school, playground, or summer camp.

DUDLEY REED, M.D.

The Prospective Mother

By J. Morris Slemons, M.D. Cloth. Price, $2.50. Pp. 274—16 illustrations. New York: D. Appleton-Century Co., 1942.

The author of this book is a pioneer in educating the laity about pregnancy and childbirth, for the first edition of his book appeared thirty years ago. He is an able obstetrician and therefore is well equipped to clarify the fundamental facts relating to childbirth. This book discusses the signs of pregnancy, the development of the child, the food requirements and care of the body during pregnancy, ailments which may occur, miscarriage, the preparations to be made for confinement, the birth of the child, the after-care and other facts of importance. Dr. Phillip E. Rothman, a pediatrician, contributed an excellent chapter on the care of the newborn baby.

This book has been popular for thirty years and the present edition is highly recommended to prospective mothers. All women who are pregnant should be familiar with its contents.

J. P. GREENHILL, M.D.

American Red Cross Textbook on Red Cross Home Nursing

By Lona L. Trott, R.N., B.S. Paper. Price, $ .60. Pp. 431. Philadelphia: The Blakiston Company, 1942.

The only objection to this book is its title, which is obviously related to the Red Cross classes in home nursing and care of the sick. Actually this book covers much more than home nursing and care of the sick, just as the classes have become wider in scope than their name indicates. It is a brief and authoritative handbook of hygienic living, public health practices, food and diet, and home building. Its comprehensive character, low price and unquestioned authenticity, plus the clearness and simplicity of its presentation, should make this a useful addition to the library of every home as well as a valuable reference volume for use in schools and libraries.

W. W. BAUER, M.D.

Sex Education in High Schools

By John Newton Baker. Introduction by William E. Cole. Cloth. Price, $2.00. Pp. 155. New York: Emerson Books, Inc., 1942.

This book is admittedly a strong plea for the establishment of sex education courses in high schools. The author believes them essential in order to help minimize illegitimacy and venereal disease among high school students. He analyzes the four principal sources of opposition: the home, the church, the school itself and the community. He finds no valid objections, and many reasons why sex education should be a part of instruction in high schools. He discusses the correlation of sex education with such subjects as biology, sociology, home economics and other courses as opposed to separate courses in sex education and decides in favor of the latter, because many so-called "correlating" subjects are not required for all students and would therefore leave many without sex education. As for disguising sex education under some other name, such as Health Education or Social Hygiene, he seems to lean toward a frank and forthright approach under the right name. The book contains some useful comments on the requirements for a successful teacher of sex topics in high school;

the lack of enough such teachers being the principal valid objection at this time to immediate establishment of courses in high schools. The author develops his topics largely by quotations pro and con, summarizing with conclusions of his own. Whether the reader agrees with the author or not, this is a useful and stimulating book, recommended especially for the use of influential citizens who may have some voice in deciding whether or not sex education is to become a part of their community high school curriculum. Only ten states are now actively promoting such instruction on a statewide basis.

W. W. BAUER, M.D.

The Advancing Front of Medicine

By George W. Gray. Cloth. Price, $3.00. New York: McGraw Hill Book Company, Inc., 1941.

This is a well written popular account of modern medical research. The author visited many clinics, hospitals, medical schools and research institutions to obtain his perspective and material, and in analyzing it he had the assistance of a large group of distinguished members of the medical and other closely allied professions. These names occupy five pages in his note of acknowledgment.

In his research, the author has seen the shortcomings and the incompleteness of present day medicine, and yet he is able to say that it is one of the great triumphs of the human spirit. He writes of the nature of disease, of pain, sleep, brainstorms, allergy, anxiety, influenza, sulfanilamide, high blood pressure, cancer, of smoking and drinking. Nine of the chapters have appeared in *Harper's Magazine* and one in *Scribner's Commentator*. Indeed, the idea of writing the story originated with a suggestion of the editor of Harper's. The author has a knack of telling scientific stories in a simple way without an inordinate use of superlatives. The book is outstanding in its field.

J. F. HAMMOND, M.D.

Ambassadors in White

By Charles Morrow Wilson. Cloth. Price, $3.50. Illustrated. Pp. 372. New York: Henry Holt and Company, Inc., 1942.

Latin America today is a sick man's society: one hundred and twenty million people, and fifty million of them sick with malaria, sprue, leprosy, dengue, tuberculosis, syphilis, influenza, pneumonia, dysentery, typhoid, typhus, diphtheria, yaws, hookworm, yellow fever, pellagra and a hundred other diseases—most of them either unknown in our temperate climate or long since conquered by a militant medical profession and an economic system which, with all its faults, has permitted us a standard of living, protected by government supported public health programs, far beyond the most ambitious hopes of our neighbors to the south. Hemispheric solidarity, says Mr. Wilson, cannot be built on such a sick man's society; we must help these nations to protect themselves against disease in order that they may become strong contributors to western hemisphere and world civilization.

Much has already been done—chapters describing the careers of Finlay, Reed, Gorgas, Lazear, Deeks, Noguchi and others show what has been accomplished. Yet, Wilson says, we need more Reeds and Gorgases, more ambassadors in white with more North American dollars, minds and hands behind them—not alone to fulfil our role of "good neighbor" but also to make our consolidation of hemispheric strength and resources effective in the face of world catastrophe.

Along with all his sober fact facing and special pleading, the author manages to include—particularly in the biographic sketches—enough of the romance of tropical medicine to make the publisher's claim that this is "great reading" stand up. Readers who recognize good medical writing will know that it wasn't Mr. Wilson who let "litigated" for "ligated" slip by on page 123.

R. M. CUNNINGHAM JR.

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TOYS
AS TOOLS OF LEARNING

By LENORE K. BARTLETT

THE TOY SHOPS will soon be in full swing, and the fun of buying toys for Christmas will begin. A little advance thought on the matter will pay dividends all along the line, not only in a financial way but also in sound growth for our children.

Shopping this year may not be as joyful a task nor one as easily accomplished as in former years, for the war affects our lives materially as well as emotionally. Many toy manufacturers have gone into war production for the duration, and there are scarcities in other lines as well. Perhaps these shortages will help to make us more conscious of the value of well chosen toys, just as we have become conscious of correct feeding, sound medical and dental care, good schools and suitable clothing. We don't give our children any and all foods, we choose their clothing with care and check up on medical and dental service; but in the past we have been likely to forget that playthings are not only diversions but also necessities for healthful growth.

Children's play is their business of living. It is their means of growing and learning. Every child is born with some creative powers and latent talents. These are released through play. In the old days, before people were crowded into cities and when families were larger, there were trees to climb, attics to explore, mud-pies to make, gardens to tend, animals to feed and care for. Today we live in

apartments, we have fewer brothers and sisters, and Mother often works outside the home. But children still need to climb and explore and find out how things work. They need to experiment. We must recognize these fundamental needs, and supply the necessary equipment through which children grow naturally and healthfully along social, physical, emotional and intellectual channels.

We are finding out more about children all the time. We now know that they begin to feel and learn the minute they are born. We know that as they lie in their cribs, they feel the currents of love, fear, anxiety or anger about them. These they feel subconsciously, and this subconscious feeling results either in security or insecurity. When the infant begins to grasp for objects, the time to begin to select his playthings carefully according to his needs has arrived.

Wise selection means staying at the child's own age level. A toy too advanced for the child's physical and mental development may cause him unhappiness over his failure to cope with it. A toy too easy to manage presents no challenge.

The safety of toys must also be considered. Insist on vegetable paints on all toys for young children. Watch out for sharp edges. Buy durable toys. Careful scrutiny at the time of purchase may save hurt feelings over a quickly broken doll or truck, and will save you money.

Give children materials with which to construct. Blocks, the most adaptable of all toys, help the child to reconstruct his idea of the world which is being unfolded to him. As he gets older, hammers, nails and other tools satisfy the urge to build. Craft materials such as clay, crayons and paints provide other avenues for the expression of his ideas.

Remember that there is little difference between what young boys and girls like, until adults—usually foolishly—implant differences. Very small boys like dolls and buggies and housekeeping toys. These represent the things most familiar in their environment during the first few years of their lives. Little girls as well as boys like trains and boats.

Perhaps the most important thing of all to remember is that toys which aren't any fun aren't any good! Toys that you can only watch aren't much fun for children, no matter how amusing they may seem to adults!

For the child from 1 to 2, buy simple, "take apart" toys, not too small; push and pull toys, nested blocks, pounding bed, dolls and stuffed animals. For the child from 2 to 5: get plain, unpainted blocks of various interrelated shapes. ABC blocks don't mean much to most small children, and usually they don't make good building blocks. Cardboard is obviously a poor material for any toy which must take abuse. Wooden trains, buses and boats are suitable for use in conjunction with the blocks. Dolls, buggies, all kinds of housekeeping toys, paints, crayons, large paper, finger paint, clay, blunt scissors, hammer and nail sets, simple wooden puzzles, peg boards and games such as simple "Lotto" or other "matching" ideas are excellent.

For 5 and 6 year olds, all the aforementioned materials may still be used, of course with greater skill. Costumes for dressing up can now be added. Really usable tools will be welcome.

After 6, skills begin to develop. Let the interests of the child be your guide. Help him to pursue those activities in which he is interested by making available to him the necessary materials and information. There is no reason why you shouldn't try to interest him in new things, but remember he cannot be forced along any road he does not desire to take without considerable grief.

Books of course should play a large part in every child's life from the first year. Libraries, schools and other organizations interested in the growth of children will furnish you with good lists of books for children of all ages. War or no war, our job is to produce healthy, happy children. It is up to us to give our best thought to their growth. Toys are a necessary part of that growth; they are not merely gadgets with which to fill in time, but they are tools by which the child learns, and as such they merit our best thought and careful selection.

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American Medical Assn., 535 N. Dearborn St., Chicago

Educating the Slow Child

By FRANK L. BEALS

The second of two articles about a school system which segregates the slow learning child and educates him by a plan which is "tailor made" to suit his mentality.

IN A SCHOOL SYSTEM such as Chicago's which segregates the child who learns slowly from his quicker contemporaries, the slow learner may attend any one of many different types of ungraded classes, depending on his age and his abilities. He may be in a building housing two ungraded classes where the work is departmentalized, each teacher teaching certain subjects. Or he may be where one teacher teaches all the classes in one room while the other teacher supervises all the seat work and individualized work materials. He may be where one teacher teaches only the youngest mentally retarded children; in this case, when he is 9 years of age he will be promoted to the ungraded class for those from 9 to 12. He may be in a school where all the nonreaders and beginning readers are in one class, and the more advanced children are in another class. Or perhaps he is in a school having only one ungraded class, which may include all slow learning children under 12. Regardless of the type of ungraded class he is in, if he is able to compete with the children of a regular grade in any subject or subjects, he is assigned to that grade for such classes, providing he is not noticeably bigger or older than the members of the class. Children in ungraded classes participate in all activities of the school. Whenever a member of an ungraded class is capable of doing the work in a regular grade, he is placed in that grade, if he is not too old or too large for such placement.

Most teachers of Chicago's ungraded classes are alert to find and devise improved methods of teaching retarded children. One class is now being taught word recognition, spelling and arithmetic through games. Children at one table may be playing with word cards; at another table a group may be learning colors through a game of bunco with color cards; while a third group is drilling on number facts through a game of rummy. The games not only help in teaching the skill to be learned, but they also do much toward teaching the child concentration, cooperation, courtesy and honesty. They help develop memory, motor coordination and language ability.

When the slow learning child is about 12 he is promoted from the ungraded class to the lower vocational center. The latter consists of two or more classes of about twenty mentally retarded children over 12 years of age. In a lower vocational center, he works in a shop for at least one hour a day under the supervision of a shop teacher. He learns to use and take care of tools. He has continued practice in working in cooperation with others, in following directions carefully, executing jobs from a job sheet and doing simple household repair work. The girls learn to do plain cooking, practical sewing and general housework. Everyday needs, actual life situations and the dignity of labor are stressed.

The curriculum includes the development of good health habits and the improvement of personal appearance. Much of the academic instruction is connected directly with the shop activities. The child may be learning to read and spell the names of the tools with which he works. Science may be the study of the metals used in the shop. A girl's reading class may consist largely of reading recipes. In arithmetic, she may be learning how to multiply or divide the ingredients of recipes.

New books are now to be had on subjects vitally interesting to the 12 to 16 year old boys and girls. These books teach the history and geography of our country and give the boy and girl heroes with characters worthy of imitation.

When a child finishes the lower vocational center he is promoted to a vocational center, or if he is 16, he may leave school. He has made the most of his personal appearance; he can read, write and spell, and he has been taught how to use what his community offers him—his post office, bank, stores and other community agencies. He has been taught what it means to be a good, useful citizen, and he knows the pride and dignity of doing a simple job well. He has been taught how to apply for a job, how to fill out application blanks and how to answer newspaper advertisements. He has developed emotional stability, good work habits and the traits of honesty, courtesy and cooperation.

Is this type of education worth what it costs?

To give the slow child the advantage of making the most of himself, he is taught in a smaller than average group. He is provided with a shop and shop materials. He is made ready to be self-supporting, or partially so, which alone more than justifies the cost. Because of his independence he is a happier, more useful citizen.

Our present interest in national defense makes us aware that it is to our advantage for every one to be trained to contribute his best to his country and his community. The men who carry the sand bags, run the errands or help in the manual labor of repairs may be more important to the safety of your homes and families than the clever but untrained young man. If a child has been carefully taught to follow directions, to obey commands, to do his job to the best of his ability and to control his emotions he will be useful.

Doctors in a Nation at War

(Continued from page 921)

mission through the Procurement and Assignment Service. It has engaged the attention of the United States Public Health Service, of the committee on war participation of the American Medical Association and of many other groups such as the committee on industrial health of the health and medical committee in the Office of Defense Health and Welfare, and also the council on industrial health of the American Medical Association. For some time these groups have been engaged seriously in developing policies and plans to meet these special needs.

The provision of hospital facilities in temporary communities or so-called mushroom areas obviously demands federal support. Such hospitals will be temporary, since the populations concerned are likely to move again when the war is over. A physician who wishes to practice in such an area must have hospital and dispensary facilities, as well as needed drug supplies, in order to provide satisfactory medical service. It is proposed by the agencies concerned to survey the needs existing in this situation, to determine the number of doctors required and to supply such doctors by utilizing the services of physicians who already have volunteered in considerable numbers specifically for this task. Nevertheless, from some federal source must come the necessary funds to establish medical facilities and perhaps even to guarantee the payment of the physician—at least in part—during the period when he is becoming established. The mechanism already created whereby fed-

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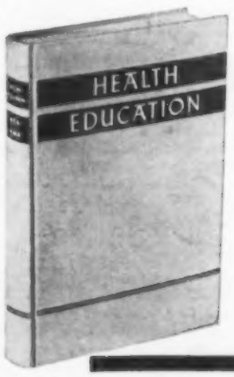

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eral funds are made available for distribution by state health agencies, welfare agencies or industrial departments, when plans have met suitable standards, would seem to be easily utilizable to meet this need.

As early as June 1940 the Surgeons General of the Army and Navy requested the Division of Medical Sciences of the National Research Council to set up a system whereby the technical medical procedures used by the Army and Navy could be studied and standardized by the best available medical talent in our country. Today, hundreds of leading physicians and scientists are engaged on these committees. There are committees concerned with medicine, with surgery, with industrial health, with physical methods of treatment, with nervous and mental diseases, with blood transfusion and provision for blood substitutes, with the care of infectious diseases and with innumerable other medical specialties.

In order to investigate and control epidemic diseases, a subcommittee on Epidemiology and Infectious Diseases was established, which includes in its membership a score or more of scientists whose names command worldwide respect for their accomplishments in this field.

Already a dozen or more guides to medical and surgical procedures have been published which provide the medical officer with the latest information available as how to meet each of the new types of emergencies that arise in modern war. Flying teams of consultants in infectious diseases, in the control of epidemics and in the handling of other forms of disease have been established to visit any camp or any area where great numbers of troops are assembled and where special needs for their services may arise. Especially significant is the fact that all these men who work as consultants with these agencies contribute their time and their efforts without cost to the government.

One committee is especially concerned with the determination of which of the thousands of drugs and medicinal substances are essential to the health of the civilian population and the armed forces. This Committee on Drugs and Medical Supplies, with its Subcommittee on Hospital and Surgical Supplies, has rendered important service to the War Production Board in guiding that agency on such problems as the control of quinine, now marked as absolutely limited to use in malaria; on the control of tannic acid, widely used in the treatment of burns; and on suitable provision for nickel, aluminum, rubber and other basic war materials in the manufacture of medical supplies.

RESEARCH

Simultaneously with its organization for the provision of personnel and materials, medicine undertook the advancement of scientific research necessary to the war effort. Research must not halt because of the war. It should, indeed, proceed rather with increased impetus, and with increased resources. A new discovery in the midst of the world conflagration may be the vital factor that leads to its termination. The creation of the Office of Scientific Research and Development led to a classification of important problems related to the conservation of human health and energy—projects dealing with aviation, fatigue, blood substitutes, nutrition, care of wounds and prevention of infection.

HOSPITALS

We have in the United States today 6,358 registered hospitals, with a total capacity of 1,324,481 beds. The increase per annum in the United States for the past seven years has been about 30,000 beds. The present census shows a net increase for 1941 of 98,136 beds over the number available in 1940. The number of patients admitted during the past year was 11,596,188. Our hospitals now employ many thousands of personnel in addition to the medical employees. There are, for instance, 9,609 full time laboratory technicians and 5,534 full time x-ray technicians. Hospitals also employ dietitians, anesthetists, cooks, orderlies, ambulance drivers, engineers, record librarians, electricians, nurses, laundresses—altogether, 1,000,000 workers who give full time to the care of the sick.

The war has created new demands not only on those already engaged in such service but for many thousands of additional workers necessary to maintenance of the public health. These needs are being met by intensification of the drive toward education of new personnel and the procurement of others. The hospitals of this nation

are organized to meet these expanded needs.

The expansion of the armed forces does not place a special burden on the facilities of civilian hospitals, but it does place a real strain on the personnel, since the trained personnel for Army and Navy hospitals must be secured from civilian communities. Already in many places the Army Medical Department is taking over sanatoriums and hotels for conversion into hospitals. The needs of new industrial communities, as has already been stated, must be met by the provision of additional hospitals, even if only on a temporary basis. Some federal funds have been made available under the Community Facilities Act for the construction of hospitals in such areas. However, federal aid for the maintenance of such hospitals is seldom provided, and means must be developed by some of the agencies that have already been mentioned to provide for the continuous functioning of these hospitals.

The problem of meeting the demand for nurses is still serious, although 7,000 registered nurses have volunteered for war duty since Pearl Harbor. Our Army requires 3.7 registered nurses for each 1,000 men—the provision of nurses for the armed forces will place a great burden on the number available in civilian life. Three out of every ten eligible nurses had enrolled in the Red Cross First Reserve by March 1, 1942. Of 98,725 nurses under 40 and unmarried, 30,233 have enrolled. Plans are under way for increasing enrollments in nurses' training schools. Classes are being speeded up and increased by 25 per cent in size.

NURSES

Schools of nursing have been asked to admit 55,000 students during the current school year, which is an increase of 10,000 over last year's admissions. An appropriation of $3,500,000 has been made by the Congress for the training of nurses. Schools of nursing throughout the country have been notified of the availability of these funds, and the schools are urged to participate in the program. Schools unable to increase their admissions may request scholarships for qualified students. The goal is that no qualified student shall be barred from entering a school of nursing because of lack of funds.

Without the medical profession, wars might well be so destructive that mankind might cease to exist. Already the horrors of war are so great that many human beings are unable to endure them even with the contributions of medical science. In all previous wars, disease destroyed far more men than were killed by gunpowder and shells. Even in World War I, meningitis, pneumonia and the great plague of influenza took a terrific toll of human life. Today our training camps are so safe for our young men that the death rate of the Army in 1941 was 2.7, contrasted with the rate of 8.7 for men of the same age in civilian life. Proper disposal of sewage and garbage, the provision of suitable milk and water, protection by inoculation against typhoid, tetanus, diphtheria, smallpox and other diseases are the procedures by which sanitarians and physicians are protecting their lives.

CONCLUSION

Our Army Medical Department is developing organized hospitals, evacuation hospitals and other special units which will serve our Army as the nation requires them. The staffs of great hospitals are assembling their forces to meet the needs of the war in which we are engaged today. Long before this great war ends, the American medical profession will have prepared itself for the rehabilitation of the wounded and the disabled.

The last ten years have witnessed in our country innumerable projects associated with the extension to the American public of the benefits of modern medical science. Today American medicine without question leads the world. Today the health of the American people is better than ever before and compares favorably with that of the people of every other nation. These results have been achieved by cooperative effort in which American medicine, American industry, the social sciences and education have participated. By gradual evolution rather than revolution the distribution of medical services has been continually improved; our hospitals have continued to grow at a rate unprecedented in previous decades. With maintenance of this cooperation for the common good American medicine will continue to hold the world leadership which it has achieved today.

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Medical News

OF THE MONTH

Emotions and Stomach Ulcers

From studies made on a man who has to be fed through an artificial opening in his stomach, Stewart Wolf, Captain, M. C., U. S. Army, and Harold G. Wolff, New York, report in a recent issue of *The Journal of the American Medical Association* that they found direct evidence that the state of one's mind affects the state of one's stomach.

"It appears likely," the two men say, "that the chain of events which begins with anxiety and conflict and their associated overactivity of the stomach and ends with hemorrhage or perforation is that which is involved in the natural history of peptic ulcer in human beings."

A peptic ulcer is one situated on the mucous membrane of the stomach or the duodenum, which is that portion of the small intestine into which the stomach empties, and is caused by the action of the acid gastric juice.

Another important finding by the two men is that the lining of the stomach was found to be protected from its secretions by an efficient insulating layer of mucus, enabling most of the small erosions to heal promptly within a few hours. Lack of such a protective mechanism in the upper part of the duodenal cap may explain the higher incidence of chronic ulceration in this region, they observe.

Their studies are remarkably similar to the famous ones made by the American army surgeon, Dr. William Beaumont, on the Canadian half-breed, Alexis St. Martin. Beaumont's basic findings on the nature of the gastric juice, the process of digestion in the stomach and the early stages of gastritis were made possible by an accidental gunshot wound in the stomach of St. Martin which failed to heal completely, leaving an opening into the stomach through which the physician made his observations. The story of Dr. Beaumont's studies on St. Martin between 1825 when the accident occurred at Mackinaw Island, Mich., and the time of their completion in 1833 is one of the most romantic episodes in the history of medicine.

The studies just reported by the two New York men were made on a man aged 56 who at the age of 9 completely blocked his esophagus by drinking scalding hot clam chowder. Since then he has fed himself through an artificial opening in his stomach, surgically produced shortly after the accident. Through this opening there has protruded on his abdominal wall a collar of gastric mucosa or membrane essentially similar to that lining the cavity of the stomach. The studies by the two investigators were based on their observations of the effect on the stomach of the various moods of this man.

Health, Fatigue and Accidents

As health is associated frequently with accidents, a health program in industry would seem at least as important as the safety program that has been stressed so strongly in recent years, R. R. Sayers, Director of the Bureau of Mines, United States Department of Interior, Washington, D. C., declares in the current issue of *War Medicine*. He points out that the physical manifestations of fatigue include ill health and also the relationship between physical fitness and capacity for work. He says that a solution to the problem of providing enough man power for our industrial and military purposes has been suggested by a physical training experiment in South Africa which led its investigators to recommend that physical training be compulsory.

"Accidents in industries of the United States cause a loss of approximately 1,500,000,000 man hours of production each year," he declares. "If the statement is true that illness causes fifteen to twenty times as many cases of absenteeism and about seven times as much loss of time from work as accidents, the seriousness of the health problem in industry is apparent. . . ."

Virus of an Eye Disease Believed Isolated

The isolation of a specific agent of the nature of a virus which is probably responsible for epidemic keratoconjunctivitis, the inflammatory disease of the eye which has been afflicting shipyard workers, is reported in a recent issue of the *Archives of Ophthalmology* by Murray Sanders, New York, on experimental studies of the disease among shipyard workers in New York. Previously, although a virus had been suspected as the cause, none had been identified.

The disease, which had been sweeping certain sections of the West Coast and had previously been reported from Hawaii, was referred to in *The Journal of the American Medical Association* a short time ago as epidemic virus conjunctivitis (inflammation of the membrane lining the eyelid and the front portion of the eyeball). Apparently the condition found among shipyard workers in New York was more severe than had been reported from the West Coast and Hawaii in that in severe cases it also involved the cornea, which is the transparent structure forming the outside part of the external layer of eyeball, hence the term keratoconjunctivitis.

Civilian Identification

To facilitate identification, each civilian in target areas of the country should be encouraged to carry an identification bracelet or necklace or metal identification pocket piece, according to a bulletin to be issued by the Medical Division of the United States Office of Civilian Defense, which was condensed in a recent issue of *The Journal of the American Medical Association.*

HERE'S THE *Betty Crocker* FEATURE FOR HOLIDAY BAKING!

"Military" Christmas Cookies

And they are delicious! Keep well, too. Just the thing to send to that boy in the service

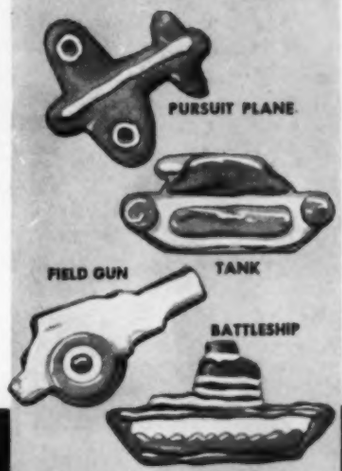
IT will be a "military" Christmas in millions of homes. And here's a "military" idea for your Christmas baking.

The recipe on which these cookies are based is one of the most practical the Betty Crocker staff has ever tested. It's typical of the dozens you get in Gold Medal *"Kitchen-tested"* Flour every year.

Gold Medal *"Kitchen-tested"* Flour is milled from choice wheats selected for "all-purpose" baking qualities. Each batch is tested in the Betty Crocker kitchen to insure absolute dependability for bread, cake, cookies, pies—*everything.*

Avoid baking failures by using this flour and Betty Crocker recipes. All Gold Medal Flour is now vitamin and mineral enriched. General Mills, Inc., Minneapolis, Minn.

Easy to make! Inexpensive! Recipe makes several dozen, depending on size. Use DARK DOUGH for larger, more complicated shapes; LIGHT DOUGH for simpler cookies.



TO DECORATE: Apply red, white and blue icings, as desired. Use yellow icing for bugle. Draw, cut out other shapes as wished. *To hang on tree:* Loop a short piece of green string. Press ends into dough at top of cooky. Bake with string side down.

Here's recipe for dark dough:

(*Perfect results guaranteed only with Gold Medal* "Kitchen-tested" *Flour*)

1 Egg . . . ⅓ cup Brown Sugar, packed in cup . . . ⅔ cup Molasses . . . ⅓ cup Shortening, melted . . . 2¾ cups *sifted* GOLD MEDAL *"Kitchen-tested"* Flour* . . . 1 tsp. Soda . . . 1 tsp. Salt . . . 2 tsp. Cinnamon . . . 1 tsp. Ginger

BEAT the egg well. Blend in brown sugar, molasses, melted shortening. Sift flour, soda, salt, cinnamon and ginger together, stir into the molasses mixture. Mix well. Place in refrigerator to chill for hour or more.

Roll dough about ¼ inch thick on lightly floured cloth-covered board. Cookies look more attractive when thick and puffy.

Cut into shapes (*see directions at right*), and place on greased heavy baking sheet. Bake 10 min. in quick moderate oven (375°).

Light Dough

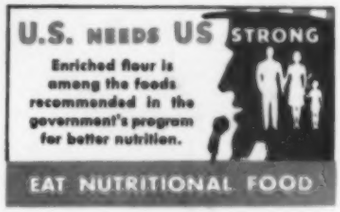
SUBSTITUTE honey for molasses and white for brown sugar. Use 1 tsp. vanilla instead of cinnamon and ginger.

ICING (enough for 5 to 8 doz. depending on size and amount of decoration). Use 3 tbsp. cream, 1 cup confectioners' sugar, ½ tsp. vanilla or lemon extract, ⅛ tsp. salt.

Stir enough cream into sugar to make easy spreading. Add flavoring, salt. Mix well. (*Color small parts of icing with drop or two of vegetable coloring, as desired.*) Make tiny paper funnel; cut off point to make small opening. Squeeze icing through to decorate cookies.

TO MAKE SHAPES, draw patterns in desired sizes on heavy cardboard. Cut out. Place greased patterns on dough. Cut around with a sharp knife. Use cooky cutters (if you have them) for additional shapes like Xmas stars, wreaths, bells, etc.

In Southeast, use 3⅛ cups sifted Gold Medal "Kitchen-tested" Soft Wheat Flour



"U. S. NEEDS US STRONG" . . . That means Uncle Sam is concerned about the food you eat. He wants every housewife to serve foods rich in vitamins and minerals. Cereal products (mostly bread and flour) supply approximately half our calories. Naturally it's important to use enriched flour—such as Gold Medal *"Kitchen-tested"* Enriched Flour—which contains added amounts of Vitamin B^1 (thiamine), niacin and iron.

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U. S. FOOD RULES specify the use of at least a pint of milk by everyone daily (more for children); liberal use of vegetables, fruits and salads; daily use of meat, poultry, fish, and occasional use of cheese, or legumes; eggs 3 or 4 times a week; butter or other vitamin-rich spreads every day, *and cereals, flour and bread of whole grain or enriched.*

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VITAMIN-AND-MINERAL ENRICHED flour is the only type of white flour now used by the U. S. armed forces.

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VITAMIN B_1 (thiamine) is frequently called a morale vitamin. That is because people who don't get enough of this vitamin are likely to slump in energy, feel depressed, discourage easily. Thiamine is needed for the normal functioning of the nerves.

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40% of U. S. population suffers from inadequate nutrition, states U. S. Public Health Service.

Gold Medal
"Kitchen-Tested" Enriched Flour

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Prevent Infection

ALL minor wounds should receive prompt first aid treatment. Mercurochrome has many advantages for this purpose.

The 2% aqueous solution is antiseptic, non-irritating and non-toxic when used in wounds.

Injuries are more promptly reported when Mercurochrome is used because treatment is not painful.

The solution keeps indefinitely. The color indicates the extent of application.

Mercurochrome

(H. W. & D. Brand of dibrom-oxymercuri-fluorescein-sodium)

is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. It has a background of 22 years' clinical use.

Apply Mercurochrome to all minor wounds. Do not fail to call a physician in more serious cases.

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